



LIFE

Lancaster Information For Emergencies



Please complete one (1) form for EACH family member. Use pencil so changes can be made. Place completed forms on the refrigerator so Fire Department can easily find in an emergency. Additional copies can be obtained on the City of Lancaster website or at the Fire Administration Office.

First Name _____	MI _____	Last Name _____
Date of Birth _____	Male or Female _____	Phone _____
Street Address _____	City _____	
Social Security _____	Insurance Info. _____	
Eye Color _____	Hair Color _____	Height _____ Weight _____
Identifying Marks/Tattoos _____		
Blood Type _____	Allergies to Medications _____	
Heart Problems - YES NO	If yes, what kind _____	
High Blood Pressure - YES NO	Diabetes - YES NO	Respiratory Problems - YES NO
Pace Maker - YES NO	Hard of Hearing - YES NO	Dentures - YES NO
Living Will - YES NO	DNR - YES NO	If YES, where is it? _____
Medical History/Medical Problems:		

Please Complete the Other side of this Page

Please list below all of the medications you are taking and the reason you are taking them.

Medication _____ Reason _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Relationship _____ Phone _____

Physician's Name _____ Phone _____

Hospital Preference (not guaranteed) _____

Anything else we might need to know?

Please be sure to update this form as needed!