Call 911 in case of emergency

LifeSaver

Life Saving Medical Information

St. George Volunteer Fire & Ambulance Association

Fill out this form for each member of your family and post in an easily found place like the side of your refrigerator.

Name:_____ DOB:_____ Blood Type_____

Address:_____ Telephone:_____

Doctor:_____ Telephone:_____

Doctor:_____ Telephone:_____

Known **allergies** (drugs/foods/latex etc.)

Medical Conditions

Check all that apply

__ No known Medical conditions
__ Abnormal EKG
___ Adrenal insufficiency
___ Angina
___ Asthma
—— Bleeding Disorder
___ Cancer
___ Cardiac Dysrhythmia
___ Cataracts
___ Clotting Disorder
___ Coronary Bypass Graft
___Dementia ___ Alzheimer's
___ Diabetes/Insulin dependent
___ Eye Surgery
___ Glaucoma
___ Heart Valve Prosthesis
___Hearing impaired
___ Hemodialysis
___ Hemolytic Anemia
___ Hepatitis—Type { }
___ Hypertension
___ Leukemia
___ Lymphomas
___ Memory Impaired
___ Myasthenia Gravis
___ Pacemaker
___ Renal Failure
___ Seizure Disorder
___ Sickle Cell Anemia
___ Stroke
___ Tuberculosis
___ Vision Impaired

Do you have a **Maine EMS "No CPR"** form or a **DNR** ? ___Yes ___ No
If yes, where is it kept?

Responders cannot honor DNRs or Power of Attorney without the ORIGINAL document

Health Care Proxy on file at:

Living Will on file at:

Religion:

Emergency Contacts

Name/Phone Number

/
/
/
/
/

Recent Hospitalizations

Reason/Date

/
/
/
/
/

IMPORTANT: List all of your medications, prescription and over-the-counter on the back of this form.

Name:

Medications

List all medications, doses and times of day. Include all prescriptions and all over-the-counter medications such as vitamins, minerals, herbals, allergy medications, pain and fever, topical, laxatives, etc. Be sure to keep up to date. Cross out any you discontinue.

Medication	Dosage	Morning	Mid-Day	After-noon	Bed Time

To obtain additional forms for other family members, see us at the Tenants Harbor Fire Station/Town Hall, call us at 372-6122 or e-mail us at contact@sgvffaa.com