



EMERGENCY PERSONAL INFORMATION

Name - First:	MI:	Last:	DL#
Address:		City:	ST: Zip:
Email:		Cell:	Work:
Date of Birth:	Organ Donor?	Blood Type:	Do you have a DNR on File? (Yes=DNR is located in IMPORTANT Documents.)

Medications

Allergies:

Pets at Home? Animal/Names:

Where are your IMPORTANT Documents located?

NEXT OF KIN / EMERGENCY CONTACT

Name: Relationship: Phone: Phone:

ALTERNATE EMERGENCY CONTACT

Name: Relationship: Phone: Phone:

We advise you to print three or more copies of this document.

- Carry a copy with you or place it in your vehicle.
- Place one copy in your IMPORTANT documents.
- Give a copy to each of your Emergency Contacts and advise them of the location of your other documents.

To get more detailed information, purchase your LOLA Playbook at LossOfLifeAdvocates.com/purchase-forms-now.

Click to print or change the printer setting to PDF.

Disclaimer: This form is designed solely for emergency purposes, serving to gather essential personal and medical information for use by emergency responders. It should be completed by the individual in possession of the form or their authorized representative. Loss of Life Advocates, while dedicated to providing support in challenging times, is not a licensed medical, legal, or tax professional. Any guidance or information provided by Loss of Life Advocates and its representatives is offered strictly for informational purposes and should not be construed as, nor relied upon as, medical, legal, or tax advice.