FILE OF LIFE ®

Palm Beach CIVIC ASSOCIATION
palmbeachcivic.org (561) 655-0280

Personal Medical Information

Date: _____

Name: _____

Address: _____

Phone #: _____

Sex: M ☐ F ☐ Date of Birth: / /

EMERGENCY CONTACTS: Doctors

Primary: _____

Address: _____

Phone #: _____

2nd Dr.: _____

Address: _____

Phone #: _____

3rd Dr.: _____

Address: _____

Phone #: _____

EMERGENCY CONTACTS: Family

Relationship: _____

Address: _____

Phone #: _____

Relationship: _____

Address: _____

Phone #: _____

Relationship: _____

Address: _____

Phone #: _____

Special Instructions for Emergency Contacts:

MEDICAL INSURANCE

Primary Insurance: _____

Policy #: _____

Secondary Insurance: _____

Policy #: _____

MEDICAL DATA

Allergies: _____

	Vaccine	Date		Vaccine	Date
1.			2.		
3.			4.		
5.			6.		

Special Conditions: _____

Medication	Dosage	Frequency

Recent Surgery	Date

Religion: _____

Living Will on file at:

Health Care Proxy on file at:

Do you have an **EMS-NO CPR** or **DNR** form? YES ☐ NO ☐

Where is it located? _____