The Senior Care Emergency Checklist

(A just-in-case list for seniors and caregivers from Care.com)

Senior's Full Name:

_____

_____

Special Health Concerns: (Medications, conditions, etc.)

_____

_____

_____

Emergency Contact Information:

1. (Name / Relationship) _____
   (Phone) _____

2. (Name / Relationship) _____
   (Phone) _____

3. (Name / Relationship) _____
   (Phone) _____

Insurance Information:

_____

_____

Doctor's Information:

_____

_____

Nearest Hospital:

_____

Local Poison Control:

_____

Fire Department:

_____

Police Station:

_____

Any Additional Instructions:

_____

_____

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_____