

PALISADES PARK EMERGENCY PLAN



This information will be used in case of emergencies

Print clearly using a permanent marker or pen.

Be as accurate as possible, updating as needed,

Attach this side to the refrigerator door



First Name:		Middle Initial:	Last Name:	
Date of Birth:		Blood Type:	Height:	Weight:
Do you have a pacemaker? Y N		Have you had a pneumonia vaccine? Y N		
Do you have a history of: (please circle any/all that apply)				
Diabetes (If you have Diabetes, are you taking insulin? Y N)		Stroke		
Cancer	Renal Disease	Heart Disease	High Blood Pressure	
OTHER:		Native Language:		
Have you or any member of your family ever				
have had negative reaction to anesthesia?			Y	N
Do you have a living will ?			Y	N
Primary Care Physician:				
Primary Care Physician Phone Number:				
Emergency Contact Name:				
Emergency Contact Phone Number:				
Allergies:				
Current Medications:				

*DISCLAIMER: Palisades Park Police will not be responsible for incomplete or inaccurate information and will not be responsible for any negative effect as a result of the same. Before posting this board, be sure all content is 100% accurate and current.