



# TUCKAHOE VOLUNTEER RESCUE SQUAD

## FILE OF LIFE

**EMERGENCY  
CALL 911**

<b>Name</b>	<b>Blood Type</b>	<b>Preferred Hospital</b>
<b>Primary Doctor</b>	<b>Doctor's Phone #</b>	

### EMERGENCY CONTACT

<b>Name</b>	<b>Relation</b>		
<b>Address</b>	<b>City</b>	<b>State</b>	<b>ZIP</b>
<b>Home Phone</b>	<b>Work Phone</b>		

### MEDICATIONS


### ALLERGIES (MEDICINE, FOOD, ETC.)


### MEDICAL & SURGICAL HISTORY

<input type="checkbox"/>	No known medical conditions	<input type="checkbox"/>	Angina	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	CABG	<input type="checkbox"/>	Cancer
<input type="checkbox"/>	Cardiac Dysrhythmia	<input type="checkbox"/>	CHF	<input type="checkbox"/>	COPD	<input type="checkbox"/>	Dementia	<input type="checkbox"/>	Memory Impaired
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Pacemaker	<input type="checkbox"/>	Renal Failure	<input type="checkbox"/>	Seizure Disorder
<input type="checkbox"/>	Stroke or TIA ("mini-stroke")	<input type="checkbox"/> Other							