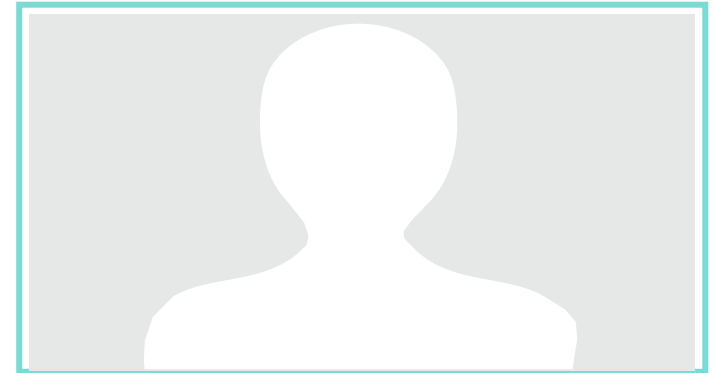


EMERGENCY INFO SHEET



IDENTIFICATION

Name _____
Address _____
Phone 1 _____ Phone 2 _____
Birth Date ____ / ____ / ____ Drivers License # _____
SSN _____ Medicaid ID _____



PALCO

Palco Customer Support 1-866-710-0456 Support Coordinator Name _____

EMERGENCY CARE

Emergency Contact Name _____ Emergency Contact Phone _____ Relationship to Person _____
Durable Power of Attorney _____ Phone _____
Insurance Company _____ Insurance ID/Policy# _____ Contact _____

Medical Conditions

1. _____
2. _____
3. _____
4. _____

Drug Prescriptions and Dosages

1. _____
2. _____
3. _____
4. _____

Drug Allergies _____
Blood Type _____
Primary Physician Name _____ Hospital _____ Phone _____ Fax _____

PERSONAL INFO

Phone Lock Code _____ Voicemail Passcode _____
Email Address _____ Email Password _____ Computer Login _____
Other Important Info _____

This document was filled out by _____ on ____ / ____ / ____ Relationship: _____ Phone: _____