



Kerrville Fire EMS

FILE OF LIFE

Name: _____

Please review and update your medical information regularly.

- Fill out one page for each person.
- Fold the page and insert it in the red magnetic pouch.
- Place on the front of your refrigerator door.
- Call **830-258-1371** with any questions.

Gender: M F

Address: _____

Date of Birth: _____

Emergency Contact: _____

Phone: _____

Primary Doctor: _____

Phone: _____

Do you have a DNR (Do Not Resuscitate) Form? Yes No

If yes, where? _____

Medication Allergies: _____

Current Medical Conditions: _____

Current Medications	Dosage	Reason for taking

Additional Information: _____

