



LOCKPORT TOWNSHIP FIRE PROTECTION DISTRICT

19623 Renwick Road

Lockport, IL 60441

Phone: (815) 838-3287 Fax: (815) 838-9141

www.lockportfire.org

FILE OF LIFE PROGRAM

The Fire District has a special free program for seniors entitled the "File of Life" program. This program helps to ensure the timely and correct medical information distribution to medical responders in the event of an emergency at your residence.

The program consists of a package that includes a magnet card holder and a medical file card.

1. Fill out the medical information card making sure that the medical information is current and place the medical information card into the magnetic holder. A good suggestion is to use a pencil when filling out the card so that changes can be made when needed.
2. Place the magnetic medical card holder and card onto the outside of your refrigerator. This will allow easy access to the paramedics or family members needing to know your medical information.

Note: If there is more than one person in your household that needs their medical information known to responders, you will need a "File of Life" packet for each person.

If you have any questions, call (815) 838-3287.



Courtesy of

LOCKPORT TOWNSHIP FIRE PROTECTION DISTRICT

www.lockportfire.org
EMERGENCY DIAL 911

KEEP INFORMATION UP TO DATE

Name: _____ Sex:
M F

Address: _____

Date of Birth: / /

EMERGENCY CONTACTS

Name: _____ Home Phone #: _____

Address: _____

Relation: _____ Work Phone #: _____

Name: _____ Home Phone #: _____

Address: _____

Relation: _____ Work Phone #: _____

MEDICAL DATA

Last Updated: Mo. Yr. Blood Type: _____

Doctor: _____ Phone #: _____

Preferred Hospital: _____

Use pencil for ease in making changes.

Special Conditions/Remarks: _____

Use pencil for ease in making changes

Medication	Dosage	Frequency

Recent Surgery: _____ Date: _____

Religion: _____

Living Will on file at: _____

Health Care Proxy on file at: _____

Do you have an EMS-NO CPR Directive or a DNR form ?
YES NO Where is it located ? _____

MEDICAL CONDITIONS

Check all that exist

- No known medical conditions
- Abnormal EKG
- Adrenal Insufficiency
- Angina
- Asthma
- Bleeding Disorder
- Cancer
- Cardiac Dysrhythmia
- Cataracts
- Clotting Disorder
- Coronary Bypass Graft
- Dementia Alzheimer's
- Diabetes/Insulin Dependent
- Eye Surgery
- Glaucoma
- Hearing Impaired
- Heart Valve Prosthesis
- Other: _____
- Hemodialysis
- Hemolytic Anemia
- Hepatitis-Type []
- Hypertension
- Hypoglycemia
- Leukemia
- Lymphomas
- Memory Impaired
- Myasthenia Gravis
- Pacemaker
- Renal Failure
- Seizure Disorder
- Sickle Cell Anemia
- Stroke
- Tuberculosis
- Vision Impaired

ALLERGIES

- Aspirin
- Barbiturate
- Codeine
- Demerol
- Horse Serum
- Environmental:
- Other: _____
- Insect Stings
- Latex
- Lidocaine
- Morphine
- Novocaine
- Penicillin
- Sulfa
- Tetracycline
- X-Rays Dyes
- No Known Allergies

MEDICAL INSURANCE

Med Ins Co: _____

Policy #: _____