



Plano Fire-Rescue FILE OF LIFE

Name: _____

Please update your medical information monthly.

- 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 972-941-7421 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: _____

