



# FILE of LIFE

## Overland Park Fire Department

12401 Hemlock Street

Overland Park, KS 66213

913-888-6066 | [www.opkansas.org](http://www.opkansas.org)



Name:	Date Filled Out:
Address:	Phone:
Email:	Birthdate:
Do you have a DNR, Living Will, or Advance Directive? (Circle) YES                      NO	Where is the DNR/Living Will/Advance Directive?
Social Security Number:	Medicare Number:
Other Insurance Company:	Other Insurance Plan Number:
Doctor's Name:	Doctor's Phone Number:
Preferred Hospital:	2nd Preferred Hospital:
Prescription Medications: (Name, Dose, When Taken)	Medical Conditions:
Allergies to Medications:	Over-the-Counter Medications:
Allergies to Foods, Products, etc.:	
Name & Phone Number of a Trusted Neighbor, Friend, or Relative Who Can Help Care for Your Home or Pets if You are in the Hospital:	
Any Other Information that First Responders Should Know about You During an Emergency:	