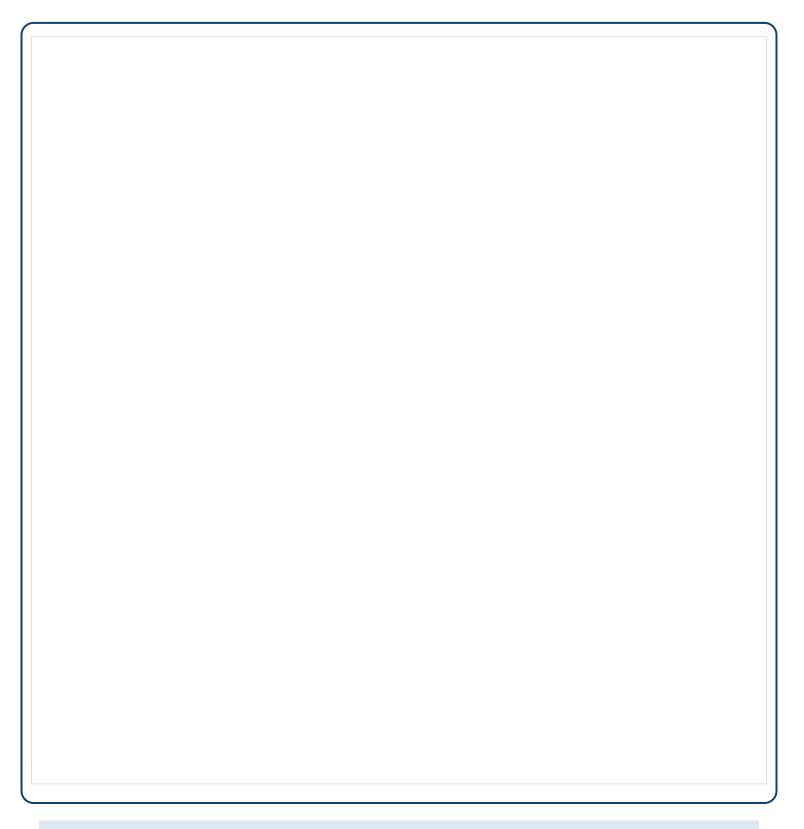
My Emergency Care Plan

Information About Me		
Name	Birth date	Address
My Communication Needs My Disabilities, Diagnoses, or Ot	her Health Conditions	My Support Person Name Phone Email Relationship to Me
My Medical Equipment Critic	cal Information	My Advance Care Directive I have (1) signed an Advance Health Care Directive, (2) designated a health care agent, and (3) given that person a copy of my directive. Name & contact information of my health care agent is: I do not have an Advance Health Care Directive, but I want to name someone as my surrogate decision maker for health care decisions. Name & contact information of my surrogate decision maker is: Additional Information Continued on Back of Form
My Healthcare Team Name & Contact Information of My Providers		My Medications Medications/Schedules/Doses/Reasons

☐ Additional Information Continued on Back of Form





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