

## **Emergency Resources for Family Caregivers**

Provided by the Central Ohio Area Agency on Aging

### 1. **Emergency Information About Me Forms-**

This is a means to communicate vital information between individuals, their caregivers, and emergency personnel in case of medical emergency. The attached form should be carefully completed. Please place on the **front of your REFRIGERATOR** and attach any pertinent legal documents (i.e. Living Will, Durable Power Of Attorney For Healthcare, DNR Orders). Download more forms at [www.coaaa.org](http://www.coaaa.org).

### 2. **Ohio Next of Kin Registry-**

Any person can **ADD** emergency contacts to his/her Driver's License or Ohio State ID at no cost. Emergency services personnel, safety and highway patrol officers can access this information in the event of an accident or incident. To access paper or web forms go to [www.bmv.ohio.gov](http://www.bmv.ohio.gov).

### 3. **Project Lifesaver**

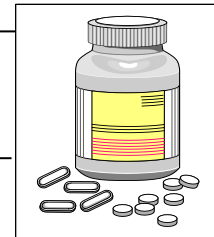
The primary mission of Project Lifesaver is to provide timely response to save lives and reduce potential injury for adults and children who wander due to Alzheimer's, autism, and other related conditions. There are 6 Project Lifesaver programs in Franklin County and 6 in the surrounding counties. Most are located in Sheriff's or Police Departments. Citizens enrolled in Project Lifesaver wear a small personal transmitter around the wrist or ankle that emits an individualized tracking signal. If an enrolled client goes missing, the caregiver notifies their local Project Lifesaver agency, and a trained emergency team responds to the wanderer's area. Check the website for a program in your area [www.projectlifesaver.org](http://www.projectlifesaver.org).

### 4. **Medic Alert +Alzheimer's Association Safe Return**

MedicAlert<sup>®</sup> + Alzheimer's Association Safe Return<sup>®</sup> is a 24-hour nationwide emergency response service for individuals with Alzheimer's or a related dementia who wander or have a medical emergency. It provides 24-hour assistance. If an individual with Alzheimer's or a related dementia wanders and becomes lost, caregivers can call the 24-hour emergency response line (1.800.625.3780) to report it. A community support network will be activated, to help reunite the person with the caregiver. With this service, critical medical information will be provided to emergency responders. If a citizen or emergency personnel finds the person with dementia, they can call the toll-free number listed on person's MedicAlert + Safe Return ID jewelry. MedicAlert + Safe Return will notify the listed contacts, making sure the person is returned home. The cost is approximately \$62.00. The website is [www.alz.org](http://www.alz.org).



# EMERGENCY INFORMATION ABOUT ME



This is a means to communicate vital information between individuals, their caregivers, and Emergency personnel in case of emergency. The form below should be carefully completed. Please place on the **front of your REFRIGERATOR** and attach any pertinent legal documents (i.e. Living Will, Durable Power Of Attorney For Healthcare, DNR Orders).

**INFORMATION FOR:** \_\_\_\_\_

Date Form Completed: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Medicare #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Insurance Co: \_\_\_\_\_

Home Health Care Agency: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Equip. Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other information on Services: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**IN CASE OF EMERGENCY CALL:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY INFORMATION – Page 2**

**Do you currently have any of the following?**

High Blood Pressure:    Yes   No    Heart Disease:    Yes   No

Arthritis:    Yes   No    Cancer:    Yes   No

Diabetes:    Yes   No    Stroke:    Yes   No

Lung Disease:    Yes   No    Glaucoma:    Yes   No

Pacemaker:    Yes   No    Model #:

Dementia:    Yes   No

Normal Pulse Rate: \_\_\_\_\_    Normal Blood Pressure: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

\_\_\_\_\_



**Medication    Dosage    Frequency**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

**Other Medical Related Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For more information, or to request more forms, please contact the COAAA at 800-589-7277**