



ROCKWALL FIRE

# FILE OF LIFE

**Please update your medical information as needed or every 6 months when you change your battery in your smoke detector.**

- Fill out one page for each person
- Fold the page and insert it in the red magnetic pouch
- Place it on your refrigerator
- Call 972-771-7770 with any questions

Date Filled Out:

Name:

Gender:  M  F

Date of Birth:

Address:

City:

State:

ZIP:

Emergency Contact:

Phone:

Primary Doctor:

Phone:

Do you have a DNR (Do Not Resuscitate) Form?  YES  NO

If YES, where?

Medical Allergies:

Current Medical Conditions:

