FILE OF LIFE

CHESAPEAKE SHERIFF'S OFFICE

Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Phone	SSN	Gender M ⊙ F ○
Age	Birth Date	Blood Type

Doctor	Phone #
Doctor	Phone #
Emergency Contact	Phone #
Emergency Contact	Phone #

D N R	Living Will	Health Records At:
Y ○ N ⊙	Y ○ N ⊙	

Allergies to Medications, Foods, & Stings Bees.
Surgeries Month & Year
Medical Conditions (Past & Present)

Medication	Dose	Frequency

Insurance Company	Policy Number
1. xxxx	123-456
2. xxxx	123-456
3. xxxx	`123-456

1. Fill out FILE OF LIFE completely.

2. Place on refrigerator.

3. Additional FILEs OF LIFE are available at any Chesapeake Fire Station or online at www.cityofchesapeake.net