



File of Life



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

Doctor	Phone #
Doctor	Phone #
Emergency Contact	Phone #
Emergency Contact	Phone #
DNR? Y / N	Living Will? Y / N

Allergies to Medications, Foods, and Stings	
Surgeries	Month/Year
Medical Conditions (Past and Present)	

Medication	Dose	Frequency

Insurance Company	Policy Number
1.	
2.	
3.	

1. Fill out FILE OF LIFE completely
2. Place on refrigerator
3. Additional FILEs OF LIFE are available at any District 7 Fire Station or online at www.d7fr.org