



**California Retired
Teachers Association**

"THAT SOMEDAY IS TODAY"

PORTFOLIO OF VITAL INFORMATION

PART

I

Emergencies



Names

KEEP THIS BY YOUR TELEPHONE

"THAT SOMEDAY IS TODAY"

START NOW!

Some suggestions for completing the Portfolio:

- Review the entire document to familiarize yourself with the information needed for completion.
- This document is designed to allow the listing of the personal and confidential records of two individuals with some page duplication and addenda as needed.
- If you need additional space to record or clarify information (addenda), binder paper inserted after the appropriate page would be appropriate. Name, date, and subject matter should be noted on the insert.
- It is recommended that information, which is subject to change, be listed in pencil.
- It is recommended that the Portfolio be reviewed periodically, at least once per year, and at any time major changes in personal circumstances may occur.
- The Portfolio forms are 'NOT ETCHED IN STONE'. As you complete the forms, you are encouraged to note changes you would make for its improvement. Send a copy of your suggestions to your Division Resource Services Committee Chairman.

Ordering Information:

CalRTA members are encouraged to obtain copies from their Division Resource Services Committee Chairman.

This publication is printed and distributed by the California Retired Teacher's Association Business Office.

Direct requests for copies to:

Portfolio
Resource Services Committee
c/o CalRTA Business Office
1750 Howe Ave., #630
Sacramento, CA 95825

PART I – EMERGENCIES

Date: _____

EMERGENCY

Fire, Police, Search & Rescue or Medical

CALL 911

Needed information:

Type of Emergency (tell what happened)

Your phone number _____

Your address _____

Nearest cross street and any special directions

In some areas the caller's phone number and address automatically appear on the emergency computer when 911 is dialed. You will then be asked to confirm address and phone number

A description of the condition of any victims.

Do not hang up until told to do so by the emergency person.

Keep a telephone book handy by the phone. Review the First Aid and Survival Guide in the front of phone book.

NON-EMERGENCY Phone Numbers

Police _____

Fire Department _____

Hospital name _____ phone _____

Doctor name _____ phone _____

Neighbor name _____ phone _____

PART I – EMERGENCIES

Date: _____

HEALTH CARE INFORMATION

Yourself

Spouse/Other

Name

Social Security #

Health Plan

Med. Red. No.

Primary Care Physician

Phone

Allergies

Medical Condition

Routine Medication

Dentist

Phone

Name

Social Security #

Health Plan

Med. Red. No.

Primary Care Physician

Phone

Allergies

Medical Condition

Routine Medication

Dentist

Phone

IN THE EVENT OF SUDDEN ILLNESS OR ACCIDENT, PLEASE CONTACT:

Name _____ **Relationship** _____

Home Phone _____ **Business Phone** _____
and/or

Name _____ **Relationship** _____

Home Phone _____ **Business Phone** _____

PART I – EMERGENCIES

Date: _____

HOUSEHOLD PETS

Type of Pet _____ Name _____



Feeding (time, type of food, quantity)



Medical problems



Medication



Veterinarian

Name _____ Phone _____

Address _____

Emergency Veterinary Medical Phone _____



Person who has agreed to care for pet(s) in case owner is incapacitated:

Name _____ Phone _____

Address _____



Special instructions:

PART I – EMERGENCIES

Date: _____

LOCATOR FOR EMERGENCY INFORMATION

Health Plan card: include name of provider, group number and I.D. number.

Medicare card -- include number.

Durable Power of Attorney for Health Care

Durable Power for Finances

Declaration of Anatomical Gift

Portfolio of Vital Information Part II

Names and telephone numbers of persons to be notified immediately.

Physician or health care provider

Clergyman

Others
