**MY PERSONAL EMERGENCY MEDICAL -- PREPARATION PLAN**

*Last revision 10/4/18*

**This is a summary checklist to organize your Emergency Medical Preparation Plan and it can be printed and carried on your person in the event of accident.**

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| Your Name: |  |
| Your Health Chapter: | Group Name:  Frequency of Meetings:  Describe how the group is organized: |
| Names of people who have keys to my home: | Primary Person:  Backup Person: |
| I have all these things in a folder located on my refrigerator: | ◻ My complete medical history  (Include whether you wear contacts or not, color of your hair, eye color, height and weight.  ◻ Filled out the Emergency Room Information Form that is on our website and that is attached here  ◻ List of my current medications  ◻ List of any allergies  ◻ Local emergency contact information (See below)  ◻ Family contact information in the US (See below)  ◻ Money for an emergency  ◻ A copy of my blood type card  ◻ A copy of my cedula and my passport number  ◻ A copy of my POA for someone to make medical decisions for me if I am unable to (see information below)  ◻ Other: |
| I have established a medical record with this doctor: | Name of Doctor: |
| I have medical insurance through this provider:  Contact person at Insurance company: | Name of Insurance Company:  Telephone number of contact: |
| I have a copy of my insurance card in my emergency medical packet: | ◻ Yes |
| Person who knows where my ATM card is and they have the pin number to withdraw funds to pay for a medical treatment or to pay any needed expenses. Or this person has access to my emergency medical fund. | Primary Person:  Backup Person: |
| Plan for where to go in the event of stroke or heart attack, covered by my insurance. | City:  Name of Hospital:  Mode of transport: (name and phone)  Name of Translator: (name and phone) |
| In a lesser emergency, I plan to be taken to this other location, covered by my insurance. | City:  Name of Hospital:  Mode of transport: (name and phone)  Name of Translator: (name and phone) |
| I have a **Power of Attorney** document in my emergency packet of information listing this person for making medical decisions for me, if I am incapable of doing so. | Primary Person: |
| I have filed a notarized document listing this funeral home to cremate me upon death. I have money for this available. | Name of Funeral Home: |
| I have someone who can take care of my pets in case of an emergency. | Name of Person: |
| I will NOT call 911 in the event of an emergency as I do not want to go to the Cotacachi Hospital. I will not call 911 in the event that my husband/wife passes away, I will call my doctor first and then the funeral home. | Name of Doctor:  Doctor’s Phone Number: |
| I have an emergency “go bag” with medication, toiletries, change of clothing, etc available to take in the event of an emergency. | ◻ Yes |
| I know if I need medical equipment, some is available to borrow from CHC. I know a deposit is required. | ◻ Yes |
| Upon discharge from the hospital, I know I can reach out to my local Health Chapter members for assistance in the recuperation period. I know they will assemble a plan so there is someone checking in on me daily and getting me what I may need. | ◻ Yes |
| I would like these family members to be contacted if  I am not able to communicate with them  Name  Phone  Email  Name  Phone  Email |  |
| Name of Emergency contact in Ecuador  Phone  Email |  |
| With the above items in place, I feel I am as prepared as I can be for a medical emergency. | ◻ Yes |