



File of Life

Sedgwick County EMS

1015 W. Stillwell St
Wichita, Kansas 67213

www.sedgwickcounty.org/EMS



Name:	Date filled out:
Address:	Phone:
Birthday:	DNR Form <input type="checkbox"/> Yes <input type="checkbox"/> No Where is the DNR?
Social Security #:	Medicare #:
Medicaid #:	Other Insurance:
Doctor:	Other Doctors:
Hospital Choice:	2nd Hospital Choice:
Name and phone number of Emergency Contact:	
Can medical information be shared with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Prescription Medications:	Medical History:
Allergies:	Anything else we need to know in an emergency: