



# CITY OF SANTA CLARA FIRE DEPARTMENT FILE OF LIFE

## INSTRUCTIONS

The File of Life kit enables emergency medical personnel to quickly locate helpful information regarding your medical history in a time of crisis. It is very important that you keep this information current, accurate, and placed in a prominent spot on your **REFRIGERATOR**.

## HOW TO USE THE FILE OF LIFE

1. Please fill out the File of Life form completely.
2. Fold the File of Life form and place it inside the magnetic pouch provided.
3. Enclose in the pouch a copy of any Advanced Directives (DNR, Living Will, etc.) that you wish to be followed.
4. Place the File of Life pouch on the door of your **REFRIGERATOR**.

The File of Life kit is available free as a public service from the Santa Clara Fire Department.

You may obtain the kit by contacting the SCFD Administration Office at (408) 615-4900,  
or obtaining one from any Fire Department personnel.

For a blank copy of this document, please visit the City's website at <http://santaclaraca.gov/FileOfLife>

## PERSONAL INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Gender:  Male  Female  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: ( ) \_\_\_\_\_ Hospital Preferred: \_\_\_\_\_  
Primary Language: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs (or) \_\_\_\_\_ kg  
Medical Insurance: \_\_\_\_\_ Insurance # \_\_\_\_\_  
Advanced Directive (DNR, Living Will, Durable Power of Attorney):  Yes  No  
*(Please place copies of all completed Advanced Directive forms in file of life pouch)*  
Doctor's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Date File of Life Form Completed: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

