

DIRECTIONS FOR USE OF EMT*ALERT

FOR INDIVIDUALS LIVING ALONE

1. Use PENCIL when completing this form so you can update as necessary.
2. Complete both sides of the form.
3. Complete the Emergency Medical Information section.
4. If you wish, complete the living will portion on the enclosed form, sign it in the presence of your attorney and have it notarized to speak for you in an emergency.

FOR A COUPLE LIVING ALONE

Each person should have their own EMT*ALERT and if desired, a living will. Additional EMT*ALERTs are available online at www.lyt.com/magnetic-emt-alerts/, or write to us at the address below for our complete catalog of magnetic photo display products.

FOR FAMILIES WITH CHILDREN OR WHEN MULTIPLE RESIDENTS SHARE A HOME

1. Using PENCIL, complete both sides of the EMT*ALERT.
2. Head of Household should complete the Emergency Medical Information section.
3. The Additional Information section is then used for each additional resident in the home. It may be necessary to obtain additional EMT*ALERTs for other adults such as grandparents who live in the home. Additional EMT*ALERTs are available online at www.lyt.com/magnetic-emt-alerts/, or write to us at the address below for our complete catalog of magnetic photo display products.

After completing all information, insert the form into the clear plastic magnetic holder. Place your EMT*ALERT on your refrigerator door in plain sight of emergency medical personnel, family members and caregivers. Nothing replaces the correct information in an emergency situation.

REMEMBER TO UPDATE THE INFORMATION ANYTIME THERE IS A CHANGE!

For a catalog of our magnetic photo display and magnetic paint products, please send a self-addressed, stamped, business size envelope to:

David B. Lytle Products, Inc.
Magically Magnetic Catalog Request
P.O. Box 8, Cabot, PA 16023
Or visit us on the web - www.lyt.com

EMT*ALERT™

Information last updated on _____

Name _____

Address _____

City _____ State _____

Zip Code _____

Our Home Phone _____

Doctor _____ Phone _____

Work phone _____

Police _____

Fire Department _____

Poison Control Center _____

Ambulance _____

Electric Co. _____

Gas Co. _____

Phone Co. _____

Emergency Contact Name _____

Home Phone _____

Work/Cell Phone _____

Compliments of:

Magically Magnetic, Inc.

www.lyt.com

724-352-3747

Emergency Medical Information Inside

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US Patent# 6052933

EMERGENCY MEDICAL INFORMATION

Please print in pencil and update often

Date last updated _____ Name _____

Address _____ Apt# _____ City _____ State _____ Zip Code _____

Date of birth _____ Place of birth - City _____ State _____

Primary Physician _____ Physician Phone(_____) _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone(_____) _____ Work Phone(_____) _____

Nearest Relative _____ Address _____ City _____ State _____ Zip _____

Relative's home phone(_____) _____ Work Phone(_____) _____

Health Insurance Company _____ Policy Number _____

Supplementary Health Insurance Company _____ Policy Number _____

Do you belong to an ambulance service? _____ If so, which one? _____

Power of Attorney _____ Home Phone(_____) _____ Work Phone(_____) _____

Do you have a living will? _____ If so, where is it located? _____

In the event of your death, do you have a will? _____ If so, where is it located? _____

Do you have a designated funeral home? _____ If so, Name _____ Phone(_____) _____

Have you prepaid for your funeral? _____ With Whom? _____ Lot# _____

Other Doctor Name _____ Phone(_____) _____

Hospital of choice _____ Phone(_____) _____

Medical conditions you wish to advise us of _____

Allergies: _____