WAQ́IŠWITMÍ TAATPAMÁ
CONTAINER
BELONGING FOR LIFE
LIFESAVING INFORMATION FOR EMERGENCIES

YELLOWHAWK
TRIBAL HEALTH CENTER

Important Medical Information

Full Name: ____

Street Address: ____

City: __________________ State: ________ Zip: ______________

Home Phone: _________________ Cell Phone: _________________

Gender: ____________________ Date of Birth: ________________

Any Allergies: ☐ Yes ☐ No If yes: _______________________________

____

____

Location of vital documents:

____

☐ Do Not Resuscitate (DNR)

☐ Advanced Directory

☐ Power of Attorney

☐ Do Not Intubate

Listed documents can be stored in vial

Vision Difficulty? ☐ Yes ☐ No

Hearing Difficulty? ☐ Yes ☐ No

Current Medication	Dosage	Frequency	Notes:

***** You can ask your provider's office for a copy of your medication list to include in the container*****

Medical Provider Name	Medical Provider Telephone

Medical Conditions: ____

____

____

***** You can ask your provider's office for a copy of your medical conditions list to include in the container*****

Special Instructions: ____

____

____

April 2025

Fold and insert completed form into magnetic sleeve and store on refrigerator!
A new or additional diagnosis requires an updated form, available at Yellowhawk Public Health, 541.240.8697, or https://yellowhawk.org/emergency-management/

DATE FILLED OUT: ______________

NAME: ______________

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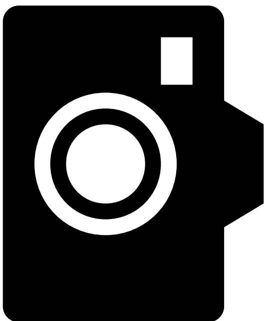

PATIENT PHOTO HERE

EMERGENCY CONTACT INFORMATION

Name: ________________________________

Relationship: ____________________________

Address: ________________________________

____

Contact Phone: ___________________________

Name: ________________________________

Relationship: ____________________________

Address: ________________________________

____

Contact Phone: ___________________________

Household Size in the home:

____ Infants (0-2)

____ Children (2-13)

____ Teens (13-17)

____ Adults (18-64)

____ Seniors (65+)

Pets in Home: ☐ Yes ☐ No

If yes, how many? ______________________