

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Home Ph. (\_\_\_\_) \_\_\_\_\_

Cell Ph. (\_\_\_\_) \_\_\_\_\_

Emergency contact \_\_\_\_\_

Relationship \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_

City/State \_\_\_\_\_

Office Ph. (\_\_\_\_) \_\_\_\_\_

Other Doctor \_\_\_\_\_

City/State \_\_\_\_\_

Office Ph. (\_\_\_\_) \_\_\_\_\_

## MEDICAL INSURANCE

Medicare Yes  No

Medicaid Yes  No

Other \_\_\_\_\_

## HOSPITAL PREFERENCE

\_\_\_\_\_  
(Hospital destination is not guaranteed)

## How Yellow Dot Works

1. Fill out this pamphlet as completely as possible (in pencil so changes can be made). Then attach a recent photo of yourself.
  2. Complete one pamphlet with photo for each person who regularly occupies the vehicle.
  3. Place the pamphlet(s) in your car's glove box.
  4. Place the Yellow Dot decal on the outside rear window (driver's side) to alert first responders to look in the glove box for the vital information.
- Update this pamphlet annually or when information changes.
  - Additional pamphlets can be downloaded and printed through your computer from this website:  
<https://kofc5644.org/yellow-dot>
  - Additional decals and pamphlets are also available at locations listed at the above website.

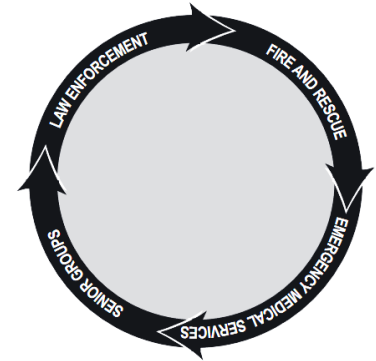
### Legal Disclaimer:

The Yellow Dot Program is completely voluntarily. By filling in and signing this pamphlet, you agree that the information you provide in this pamphlet can be used by First Responders, emergency medical service (EMS) personnel and emergency room hospital medical staff for the purpose of positively identifying you in the event of an emergency. Additionally, the information you provide in this pamphlet may identify medications and/or preexisting medical conditions that could affect your treatment and how it is rendered in the event of an accident or medical emergency during which you may not be able to communicate with those involved in your treatment. The pamphlet also contains emergency contact information, your family physician and your hospital preference (there is no guarantee that a hospital preference can be honored during an emergency). The Knights of Columbus, the Disabled Veterans of America (DAV), Lake County and its employees or agents provide this form and the Yellow Dot decals as a convenience for your use and shall incur no liability for the use or misuse of the information you voluntarily provide or fail to provide in this pamphlet.

Promotion of the Yellow Dot Program is a joint effort of the Knights of Columbus Council #5644 and the Disabled American Veterans (DAV) Chapter 87 both in Leesburg, FL in cooperation with Lake County EMS.



## YELLOW DOT



Attach a full face  
photograph of you  
in this space

\_\_\_\_\_  
NAME



