Information for Medical Contact

Update at least once a year

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| --- | --- |
| **Your full legal name** |  |
| **Date of birth** |  |
| **Name of boat** |  |
| **Others on boat** | Name, age if child | How to contact |
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|  |  |
| **If children on board, who should be contacted to care for them if incapable** |  |
| **Pets on board** | Name, type, any care info |
| **Medical insurance** | Provider | Number |
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|  |  |
| **Evacuation coverage** | Provider | Number |
|  |  |
|  |  |
| **Doctors** | Name | Phone number |
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| **Prescriptions** | Drug | Dosage |
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| **Chronic conditions and illnesses** |  |  |
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| **Surgeries** |  |
| **Living Will location** |  |
| **Any other medical directives? Where?** |  |
| **Contact info for medical decision-makers in above documents** | Name | Phone number |
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| **People to notify in case of extreme illness, injury or death** | Name | Phone number |
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| **Does anyone have power of attorney to care for and move boat?** | Name | Contact Info |
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**Other information**