

GUARDIANSHIP DISASTER PLAN

Date of Plan:

Attach 2" x 2" Photograph Here

WARD INFORMATION

Name:

Case Number:

Address:

Telephone Number:

Date of Birth:

Email Address:

Sex:

Eye/Hair Color:

Identifying Scars/Marks:

Height/Weight:

Aliases:

Race:

Social Security Number:

Religion:

Additional Insurance:

Medicare Number:

Allergies:

Medications:

Disabilities/Impairment/Diagnosis:

Living Will: Yes (attach copy)

N
o

Physician's Name:

Telephone Number:

Address:

Where will Ward be relocated in the event of an evacuation:

Address:

Telephone Number:

Email Address:

GUARDIAN INFORMATION

Name:

Address:

Cell Phone:

Home Phone:

Other:

Email Address:

ATTORNEY INFORMATION

Name:

Telephone Number:

Email Address: