

Emergency Contacts (Emergency contacts will only be called at subscriber’s request)

Emergency Contact 2:

Full Name: _____

Relationship (e.g. spouse): _____

Address: _____ City/State/Zip _____

Phone: _____ Phone 2: _____

Does this person live with you? Yes No

Is this person authorized to make changes to your profile? Yes No

Is this person authorized to call 5Star on your behalf in case of an emergency? Yes No

When calling 5Star, this authorized contact will be asked to provide the following security pass phrase:

Medical Information

The following information will help emergency responders in case of a medical crisis.

Medication Name/Dosage/Unit/Instructions:

1. _____

2. _____

3. _____

4. _____

5. _____

Medical/Physical Conditions (e.g. disabilities, diabetes, COPD, high blood pressure)

1. _____ Is this an allergy Yes No

2. _____ Is this an allergy Yes No

3. _____ Is this an allergy Yes No

4. _____ Is this an allergy Yes No

5. _____ Is this an allergy Yes No

Doctors and Hospitals

Doctor’s Full Name: _____

Type of Doctor: _____

Hospital: _____

Address: _____ City/State/Zip: _____

Phone: _____ Phone 2: _____

Email: _____

Vehicles

Vehicle 1

Year: _____ Make: _____ Model: _____

Color: _____ License Plate: _____ State: _____

Vehicle 2

Year: _____ Make: _____ Model: _____

Color: _____ License Plate: _____ State: _____