

NEIGHBOR BUDDIES

Fill out the information you are comfortable sharing with a Buddy

My Buddy's Info	
Buddy's Name(s)	
Buddy Address	
Buddy Cell	
Buddy Email	
My Info	
My Name(s)	
My Address	
My Cell	
My Email	
My Pets: names & descriptions	
My Health Concerns:	
Medical Conditions <small>(heart, post-surgery, MS, dementia, etc)</small>	
Medications <small>(Names & dosages - use back for more space)</small>	
Medical Equipment/Devices <small>Oxygen, Hearing Aids, C-Pap, etc.</small>	
Allergies <small>(e.g., Penicillin, sulfa, latex, bees, nuts)</small>	
Mobility	
Do you drive?	
My Emergency Contact(s)	
Name & Relation	
Phone	
Email	
My Medication Storage Location	
My Bedroom Window Location	
My Spare Key Location	
Our Evacuation Zone <small>(Stonebridge, Oakmont North or South)</small>	
Our MYN LeaderName & Contact	

Add anything additional below