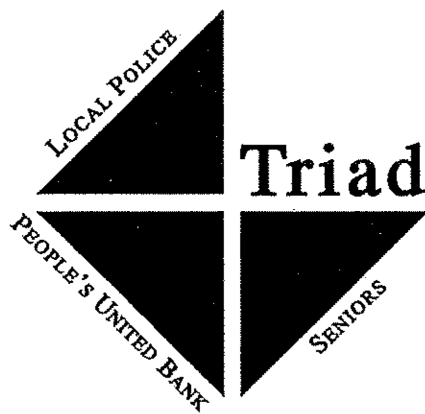


THE YELLOW DOT™ PROGRAM

The Yellow Dot program is a TRIAD project designed to help save lives.

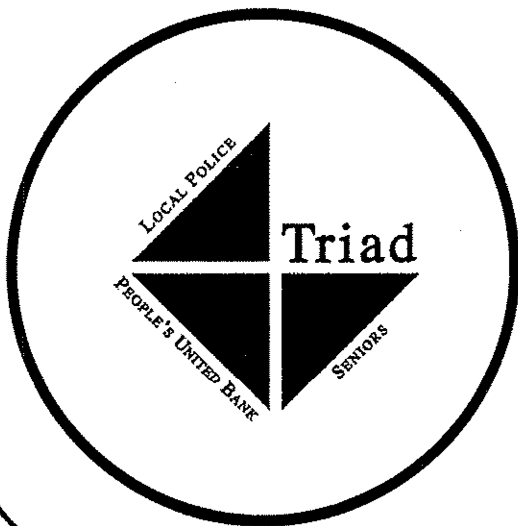
The program consists of a recent photo, information card and a Yellow Dot sticker to be affixed to the back windshield of the car to serve as a beacon for first responders.

The card should be filled out IN PENCIL and should be updated as needed. After completing the information, the Yellow Dot card should be placed in a visible location in the car's glove compartment with the recent photo attached. The Yellow Dot information card should remain in the glove compartment at all times, except to be updated. The Yellow Dot sticker is affixed to the rear windshield of the car on the driver's side.

In the event of an emergency, first responders can identify the vehicle as that of a Yellow Dot participant and will know to look inside the glove compartment to find pertinent information.

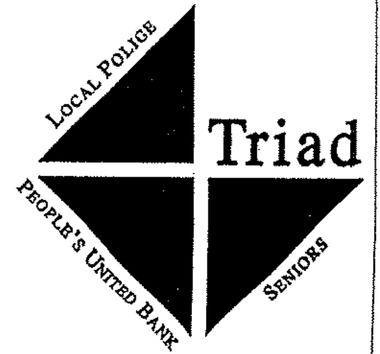
**If you sell your car, please remove the Yellow Dot sticker.*

Back windshield of a car.



Place your Yellow Dot sticker here, on the lower left hand side of your car's back windshield.

SEND HELP



IF A PROBLEM DEVELOPS WHILE DRIVING:

- PULL VEHICLE TO FAR RIGHT OF SHOULDER.
- LOCK ALL DOORS AND REMAIN IN VEHICLE.
- TURN ON EMERGENCY FLASHERS.
- DISPLAY "SEND HELP" POSTER IN FRONT WINDOW.
- WHEN SOMEONE APPROACHES, OPEN WINDOWN 2-3 INCHES TO COMMUNICATE.
- IF POSSIBLE, CARRY A CHARGED CELL PHONE TO CALL 9-1-1 DURING AN EMERGENCY.

ADDITIONAL INFORMATION

1. Are you a caregiver? Is there someone who needs to know you will not be coming to take care of them?

____

____

2. Do you pick up someone from school, day care, etc.?

____

____

3. Do you have a pet at home?

____

____

IN AN EMERGENCY DIAL 911

DATE OF UPDATE:

________________	________________
________________	________________
________________	________________
________________	________________

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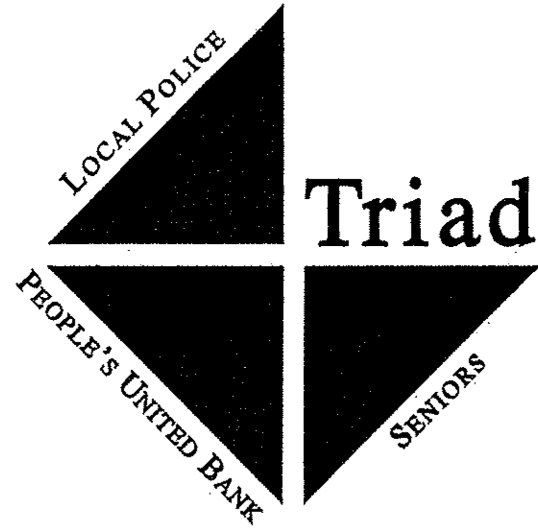

NAME

NICKNAME

PREFERRED SPOKEN LANGUAGE

IMPORTANT TO UPDATE
(Please complete in pencil)

PERSONAL INFORMATION

Name ____________________

Address ____________________

Home Phone ____________________

Date of Birth ____________________

Religious Affiliation ____________________

Clergy Phone ____________________

EMERGENCY CONTACT(S) INFORMATION

Name (Relationship) ____________________

Address ____________________

Home Phone ____________________

Work Phone ____________________

Cell Phone ____________________

Name (Relationship) ____________________

Address ____________________

Home Phone ____________________

Work Phone ____________________

Cell Phone ____________________

HOSPITAL PREFERENCE (Admittance Not Guaranteed)

____

Hearing Impaired: Yes ____ No ____

Blood Type (If known) ______

FOLD HERE

MEDICAL CONDITIONS

____

____

____

____

ALLERGIES

____

____

MEDICATIONS

____

____

____

____

PHYSICIANS

Name (PRIMARY CARE) ____________________

Address ____________________

Phone ____________________

Name (SPECIALTY) ____________________

Address ____________________

Phone ____________________

Name (SPECIALTY) ____________________

Address ____________________

Phone ____________________