

	In Case of Emergency	
NAME		NAME
ADDRESS		DATE OF BIRTH
PHONE		EMERGENCY CONTACT(S)
		NAME
		PHONE
		PHONE
		DOCTOR
FOLD		
CONDITIONS/MEDICAL HISTORY		
MEDICATIONS/DOSE		
ALLERGIES		
BLOOD TYPE		

TG In Case of Emergency		TG
NAME	ADDRESS	DATE OF BIRTH
PHONE		
EMERGENCY CONTACT(S)		
NAME	PHONE	
NAME	PHONE	
DOCTOR	PHONE	
FOLD		
CONDITIONS/MEDICAL HISTORY		
MEDICATIONS/DOSE		
ALLERGIES		
BLOOD TYPE		


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CONDITIONS/MEDICAL HISTORY
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MEDICATIONS/DOSE
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ALLERGIES
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ALLERGIES
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Fold