



Medical Information

I Take Medicine: _____
I am Allergic To: _____
My Blood Type Is: _____
Please Don't Forget My: _____

My Doctor Is: _____
My Insurance Is: _____



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Family Emergency Card

My Name is: _____
My Guardian's Name is: _____
Their Work Number is: _____
Their Cell Number is: _____
Local Person I know: _____ # _____
I live at: _____

Neighborhood Meeting Place: _____
Out of State Contact Name: _____
Out of State Contact Phone: _____

Dial 9-1-1 for Emergencies

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