

# **EMERGENCY CONTACT CARD**

My Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Health Problems / Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Primary Care Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Organ Donor: Yes \_\_\_ No \_\_\_ Blood Type: \_\_\_\_\_