

# Emergency Contact Card



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

Date of birth: \_\_\_\_\_

Blood type: \_\_\_\_\_

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

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Feel free to print, laminate, and carry with you.

A solid red horizontal bar at the bottom of the page.

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

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

Doctor name & phone #: \_\_\_\_\_

**Emergency contacts-** *Name, relationship, phone #*

Additional notes: \_\_\_\_\_

\_\_\_\_\_