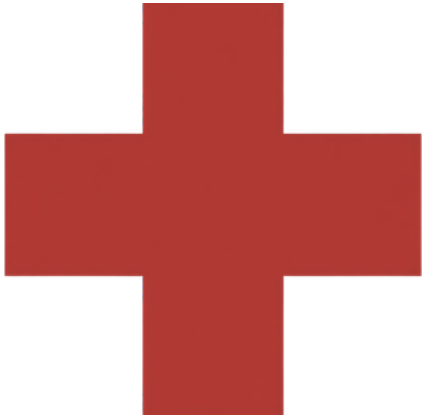
Emergency Contact Card



Name:_____

Date of birth:_____

Blood type:_____

Allergies:_____

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

Address:_____

_____

Phone #: _____

Doctor name & phone #:_____

_____

Emergency contacts- *Name, relationship, phone #*

_____

_____

_____

Additional notes:_____

_____