

**INFORMATION EMERGENCY CARD**

<b>NAME:</b>	<b>DATE CARD COMPLETED:</b>
<b>ADDRESS:</b>	<b>TELEPHONE: (    )</b>
	<b>ALLERGIES TO MEDS:</b>
<b>EMERGENCY CONTACTS-NAME &amp; PHONE:</b>	
<b>1.</b>	
<b>2.</b>	<b>DATE OF BIRTH:</b>
<b>3:</b>	<b>SSN:</b>
	<b>MAJOR ILLNESSES:</b>
<b>DOCTOR'S NAME:</b>	
<b>DOCTOR'S PHONE:</b>	
<b>HEALTH PLAN:</b>	
<b>MEDICARE #:</b>	<b>OTHER:</b>

<b>CURRENT MEDICATIONS</b>	<b>DOSAGE/STRENGTH</b>	<b>HOW OFTEN TAKEN</b>	<b>WHEN TAKEN</b>

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