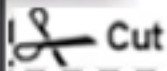


Select file > print on your browser's menu bar
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EMERGENCY MEDICAL CARD

Name:		
Street Address:		
City:	State:	Zip:
Country	Ph:	
Languages Spoken:	Gender:	
Date of Birth:	Blood Type:	
Organ Donor:	Height:	Weight:
Updated:	Ethnicity:	

Severity Key:

MEDICATIONS

FOOD
