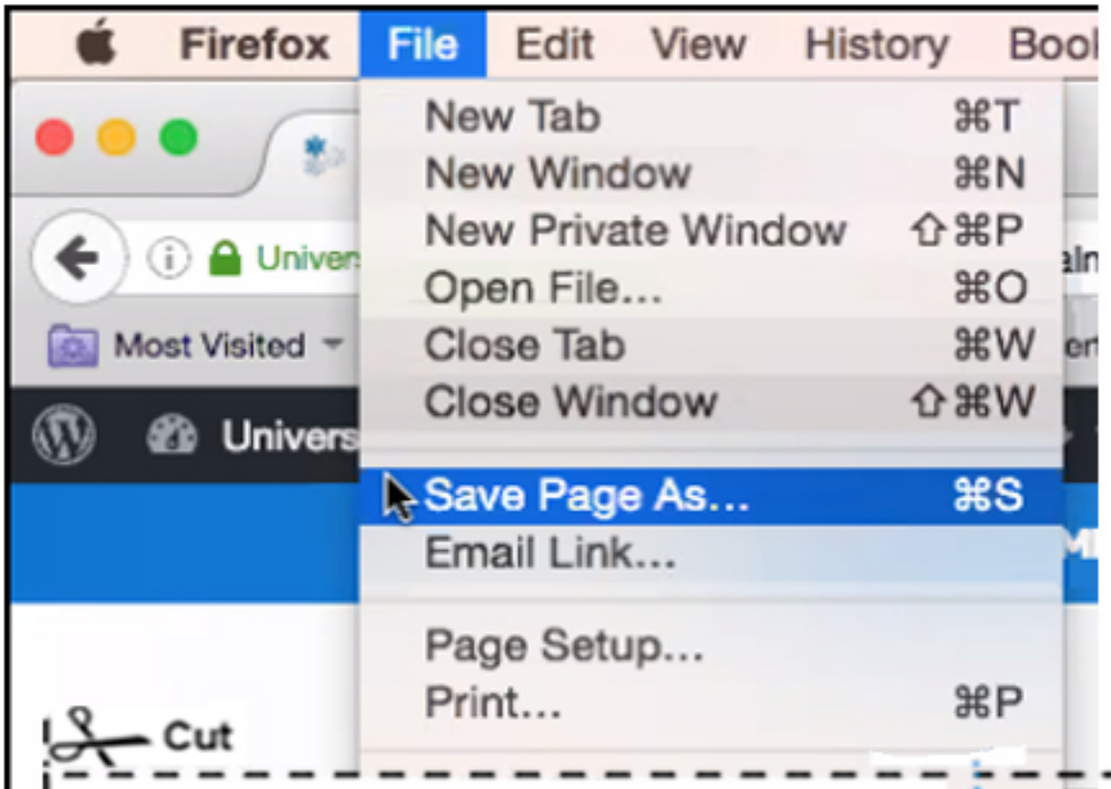

Cut

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:

FOOD

MEDICATIONS