Medical wallet cards. Cut along the dotted lines between the cards, then fold each one on the dashed line with the writing on the outside. Fill them in from page 19 and page 20. More cards are free at emergencyplanner.com.

MEDICAL CARD

Name

Birth date | Blood type, optional

Allergies

Medicines and doses

IF I CANNOT SPEAK FOR MYSELF

Conditions or devices

Emergency contact | Phone

Doctor | Phone

Insurance, last four digits only

MEDICAL CARD

Name

Birth date | Blood type, optional

Allergies

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