

EMERGENCY ID CARDS

Complete the cards provided below. After filling them out, cut them out and store them in your wallets for emergency situations.

Card for the person being cared for:

<p style="text-align: center;">Emergency Medical ID</p> <p>Name: _____ DOB: _____</p> <p>Address: _____</p> <p style="text-align: center;">Emergency Contacts:</p> <p>Name: _____ Phone: _____</p> <p>Doctor: _____ Phone: _____</p> <p>Hospital: _____ Phone: _____</p>
<p style="text-align: center;">Emergency Medical ID</p> <p>Medical Conditions: _____</p> <p>_____</p> <p>_____</p> <p>Allergies: _____</p> <p>_____</p> <p>Medicines: _____</p> <p>_____</p>

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Card for the main caregiver:

IN CASE OF EMERGENCY	
I AM A CAREGIVER	
MY NAME IS:	
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If I'm injured or unavailable, please contact the individuals listed on the back of this card. Ask them to check on the person I am a caregiver for.	
IN CASE OF EMERGENCY	
Name:	Phone:
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IMPORTANT: Do NOT record the name and address of the individual you're caring for to prevent potential risks in case your wallet is stolen. This precaution ensures that their vulnerability isn't exposed to malicious parties. Instead, provide the details of emergency contacts who can be alerted to check on them if necessary.