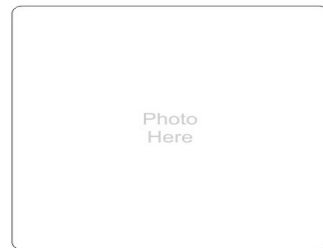


# MEDICAL ALERT INFORMATION CARD



Name:

Tel:  DoB:



## Medical Conditions & Medications:

Organ Donor:

AHCD:

Allergies:

Blood Type:

## Emergency Contacts:

## Physician(s) & Insurance: