

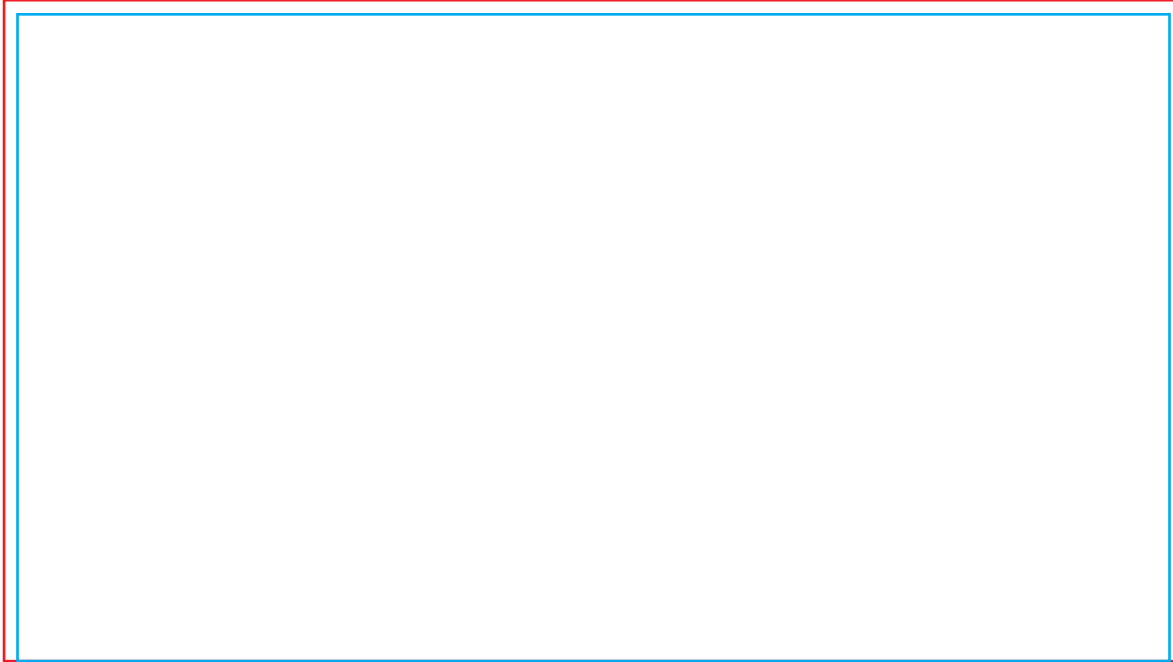
# FOL

## Emergency Information Magnet

— Imprint Area: 6" x 3.3681"

### Front of Card

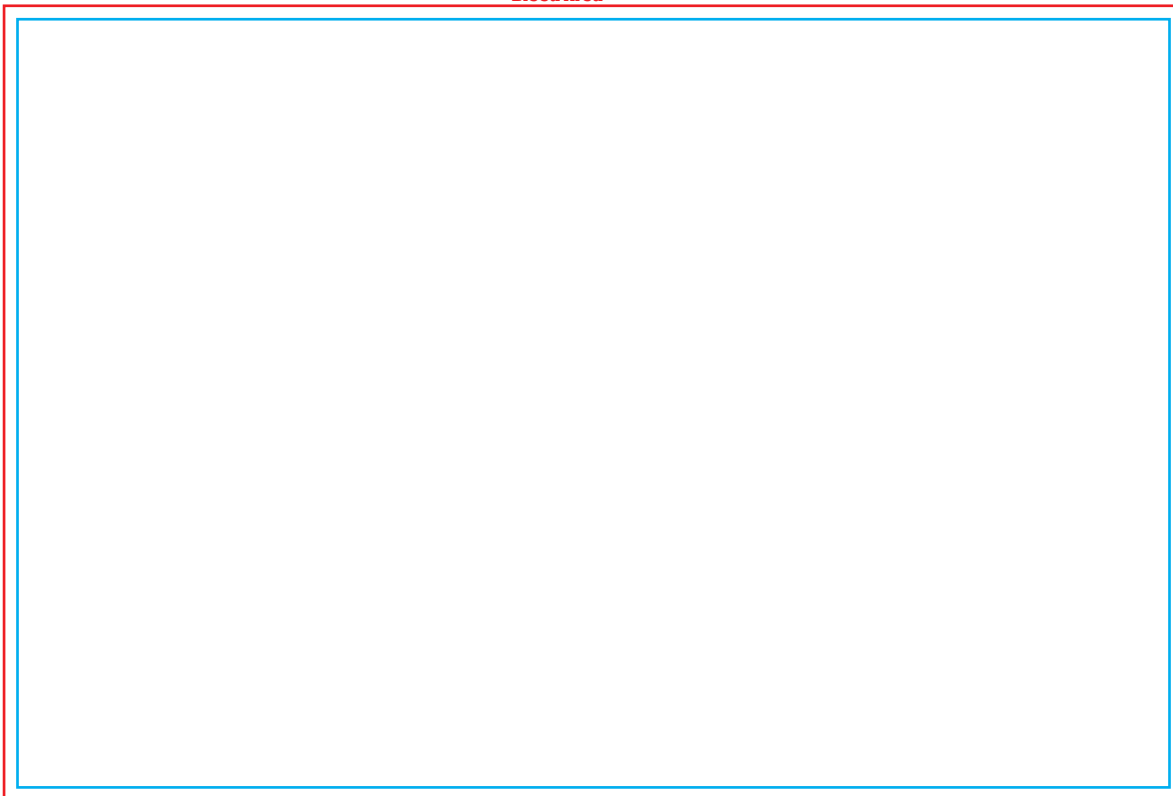
Bleed Area



— Imprint Area: 6" x 4"

### Back of Card

Bleed Area



## Emergency Medical Card

- Fill out Emergency Info on this card
- Slide card into magnetic pocket with information facing inward
- Stick magnet to refrigerator for EMT's to easily locate

Name:	Date of Birth: ___/___/___	Gender: M / F
Hair Color:	Eye Color:	Medical Condition(s), if any:
Family Emergency Contact		
Name: _____		
Relationship: _____		
Primary Phone Number: ( ) -		
Secondary Phone Number: ( ) -		
Doctor(s)		
_____ ( ) -		
_____ ( ) -		
_____ ( ) -		
Do you wear (check one or both):	<input type="checkbox"/> Glasses	<input type="checkbox"/> Contacts
Do you wear hearing aides?	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Blood Type: O A B AB		
Allergies to medications:		
_____		
Other allergies:		
_____		

## Fully Customizable