**PERSONAL EMERGENCY INFORMATION**

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| **Name** |  |
| **Address** |  |
| **City** |  | **State** |  | **ZIP** |  |
| **Date of Birth** |  |
| **Phone Number** |  |
| **Cell Phone Number** |  |
| **Height** |  | **Weight** |  |
| **Allergies/Reactions** |  |
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| **Blood Type** |  |
| **Medical Conditions/Cautions** |  |
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| **Medications/Dosages** |  |
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| **Assistive Devices & Dentures** |  |
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| **Emergency Contacts** |  |
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| **Physicians & Phone #’s** |  |
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| **Advanced Directives/Location** |  |
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| **Other Information** |  |
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