HOUSEHOLD MEMBERS CONTACT INFORMATION

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_____

Emergency contact/phone number: _____

_____

Out-of-town contact/phone number: _____

_____

Bloomington Public Health
Serving Bloomington, Edina, and Richfield
952-563-8900 • www.ci.bloomington.mn.us

Adapted from American Red Cross Emergency Contact Card

Medical Alert: _____

Medications: _____

Phone: _____

Medical Clinic or Doctor: _____

IMPORTANT MEDICAL INFORMATION

EMERGENCY CONTACT CARD

Name: _____

Home address: _____

_____

Home phone: _____

HOUSEHOLD MEMBERS CONTACT INFORMATION

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Emergency contact/phone number: _____

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IMPORTANT MEDICAL INFORMATION

EMERGENCY CONTACT CARD

Name: _____

Home address: _____

_____

Home phone: _____

Emergency contact card

Complete an EMERGENCY CONTACT card for each member of the family

Fold in half, then fold again (card should measure approximately 2” x 3”). Additional information can be written on back side.

Need to have out-of-town contact numbers and phone numbers.

Instruct family members to carry card in purse, backpack, wallet. etc.