

**BASIC INFORMATION**

CARD NO. \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**EMERGENCY / MEDICAL INFORMATION**

## PRIMARY EMERGENCY CONTACT

## ALTERNATE EMERGENCY CONTACT

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

**MEDICAL INFORMATION**BLOOD TYPE: \_\_\_\_\_ ORGAN DONOR:  YES  NO

MEDICAL PROBLEMS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

 FIRST AID SKILLS  CPR  FIRST AID  ADVANCED FIRST AID E.M.T.  ADVANCED E.M.T.