

Emergency Personal Information

General Emergency Phone # 066

Name _____

Address _____

_____ Nationality: _____

Phone: _____

_____ Cellular _____

Medical Information:

Blood type: _____

Allergies: _____

Doctor: _____

Telephone: _____

IN CASE OF ACCIDENT, ILLNESS OR DEATH:

Next of Kin

Name/Relationship _____

Phones:

Home _____

Office _____

Cellular _____

e-mail _____

In Merida notify:

Name: _____

Address _____

Telephones: _____

Pet(s) _____

For Pet Caregiver: _____

Post this Info on your fridge and keep a copy in your car.

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