

In Case of Emergency	In Case of Emergency
Full name _____ BC No _____	Emergency Contact #1 _____
Date of Birth _____ Blood type _____	Relationship _____ Work phone _____
Address _____	Cell phone _____ Home phone _____
Cell _____ Work _____ Home _____	Emergency Contact #2 _____
Current Meds _____	Relationship _____ Work phone _____
Conditions _____	Cell phone _____ Home phone _____
Physician _____ Phone _____	Additional info _____
Allergies/additional info _____ _____	_____ _____ Last updated _____

Print, fill in blanks, cut out, fold in half, and laminate.

It is recommended you keep this card with your driver's license in your wallet, or for cyclists, put this in your seat pack or other place so you will always have it with you when riding.