

**EMERGENCY CARD**

My name is \_\_\_\_\_

DOB \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Blood type \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
\_\_\_\_\_

I was diagnosed with Endometriosis on \_\_\_\_\_  
\_\_\_\_\_

I need \_\_\_\_\_ and \_\_\_\_\_ to help with the pain and nausea.

Allergies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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