Medications/Conditions:		Perconal Safety Netc®
Allergies:		Personal Safety Nets® Emergency Card (Open in Case of Emergency)
Person with my house key & contact info:		(opon in case of Emorgency)
	My Name	
Courtesy of Personal Safety Nets®. For more cards like this, please visit		
www.personalsafetynets.org	Phone	Date

In case o	of emergency, o 1.	if I cannot speak for myself, please call my contacts below:	Medical Contact Info:
Contacted	Name	Phone	
	2.		
Contacted	Name	Phone	Insurance Info:
	3.		insurance inio.
Contacted	Name	Phone	
My (contacts know	now to reach one another	