



Petal & Paper

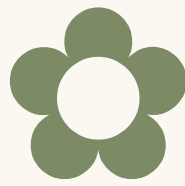
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E M E R G E N C Y I N F O R M A T I O N

in case of emergency

Name · _____

Blood type · ____ **NHS number:** _____

Allergies · _____

Medications · _____

Condition(s) · _____

Emergency contact 1 · _____

Emergency contact 2 · _____

GP · _____

P R I N T , L A M I N A T E A N D C A R R Y I N
W A L L E T

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