

EMERGENCY INFO FOR _____ as of _____

This info is to be carried in your 10 Essentials. Troop 680-Boy Scouts of America, San Diego, California

	Name	Phone (home/cell/work)
My Name is:		
My Address is:		
Parent/Guardian:		
Alternate Contacts:		
Contact #1		
Contact #2		
Doctor/Group:		
Medical Insurance:	Provider:	Group#: Member #:
Allergies:	What?	Instructions:
Medications Taken Regularly:	Medication:	Instructions:

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