

切り取り線

Emergency Card

Kashiwa City

Your family should carry this

Enrollment Date:

Persons to Contact

(Family Member/Relative/Friend)

Name	Telephone #

折れ線

Cardbearer's Information

Name:
Address:
Birthdate:
Blood Type: A B O AB Rh + -
Contact Address:
Cell Phone #:

Shelter Area
Health Insurance Card Type National Health Ins. / Other ()
Member #: Insured # (記号) No. (番号)
Medications:

Nationality:
Language:
Alien Registration #:
Passport #:
Preferred Hospital: :
Medical Condition:

Special Directions (Indicate special requests/needs)
Notes: