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First Responders And Law ...1. Cut Out Both The Front And Back Sides Of The Card.

2. Fill Out The Front With Your Name, Date Of Birth, And Phone Numbers Of Your

Two Emergency Contact People. 3. Cut A Piece Of Card Stock To The Same Size. Put

It Between The Two Sides Of The Card. 4. Laminate With Contact Paper Or 3th,

2024 Wallet Medication Card - Connecticut Wallet Medication Card Name: _____

Phone: _____ Emergency Contact Name: _____ Emergency Contact Phone: _____

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Action. C A L L Important Information Fill Out The Next Two Sections And Pu 3th,

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Write The Name And Phone Number Of The Person That You Would Want To Be

Called In Case Of An Emergency. It Is Important To List This Person In Case You Are

Too Ill To Provide 3th, 2024 FAQ Wallet Medication Card Drug Name And (amount):

For Each Of Your Medicines, Copy The Name Of The Medicine And Amount From The Label On The Medicine Bottle Or Other Container (for Example, Aspirin 40 Mg).

Dose: Write How Much Of The Medicine You Take Each Time (2th, 2024.

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Style ID Provides A Free Template As Well. To Access The Card, You Download The

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POLST CAN BE FOUND AT: PLEASE HONOR MY WISHES Once You Complete Your

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Agent, Loved Ones, Physician, And Hospital. If Applicable, It Is Also Important To

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Contact Emergency Medical Services (911) Immediately. If I Can Swallow, Give Me 4

To 6 Ounces Of Fruit Juice, Sweetened Soft Drink, Or Other Sugar Source. If I Am Not

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