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ALLERGY CARDS

CARDS FOR

PRINTED ON

DOCTOR

Card	Card
ALLERGY ALERT Name: _____ Allergic to: _____ _____ Reaction: _____ Medicine I carry: _____ In an emergency call: _____	**ALLERGY ALERT** Name: _____ Allergic to: _____ _____ Reaction: _____ Medicine I carry: _____ In an emergency call: _____
ALLERGY ALERT Name: _____ Allergic to: _____ _____ Reaction: _____ Medicine I carry: _____ In an emergency call: _____	**ALLERGY ALERT** Name: _____ Allergic to: _____ _____ Reaction: _____ Medicine I carry: _____ In an emergency call: _____
ALLERGY ALERT Name: _____ Allergic to: _____ _____ Reaction: _____ Medicine I carry: _____ In an emergency call: _____	**ALLERGY ALERT** Name: _____ Allergic to: _____ _____ Reaction: _____ Medicine I carry: _____ In an emergency call: _____

Print on 65-110 lb card stock and cut along the lines; fold in half or laminate for a wallet. Ask your doctor or pharmacist to check what the card says.