

# EMERGENCY INFORMATION

**MY NAME:**

LICENSE NUMBER:

**MEDICAL CONDITIONS:**

*\*Stroke with Aphasia: Please see back of card for more information.*

**ALLERGIES & REACTIONS:**

**PRIMARY EMERGENCY CONTACT**

Name:

Relationship:

Phone Number:

**SECONDARY EMERGENCY CONTACT**

Name:

Relationship:


Phone Number:


**I HAVE APHASIA**


It is a communication disability that affects a person's ability to speak, understand, read, and write. I may have difficulty expressing thoughts, processing information, or finding the right words. These impairments could be intensified in an emergency, so please be patient and use simple language in our conversations. Thanks for your assistance!


**I NEED...**


**I AM...**


 CONFUSED

 SICK

 LOST

 FIRETRUCK

 POLICE

 AMBULANCE