

**Contacto di emergencia/ Emergency Contact
Wallet Card**

In case of an accident or sudden illness, it is important that whoever is there to help you can easily access your personal information concerning identification, emergency contacts.

Information should be reviewed regularly and in case of any changes, complete a new card and discard the outdated card.

Spanish/English Translations

Nombre/Name (use full name as shown on your passport or Cedula

Pasaporte/Passport **Cedula**/Ecuadorian ID card

Contacto 1:(Habla Español):Add name and contact information of a person you know who speaks Spanish

Contacto 2:Add a second person who can be contacted

Medico:Name of your primary physician

Telefono:Physician's phonenumber

Instructions:

1. Complete form online then print out, or print out form and print clearly by hand.
2. This is a two-sided card which when folded and laminated should easily fit into your wallet.
3. Take completed form to a printer. They will cut, fold and laminate these cards for your use.

This file can be printed out in Colored Ink or Black Ink on A4 sized paper.

Poder o Abogado: Name of person who has your Power of Attorney or name of your lawyer

Telefono: POA's or lawyer's phone number

Medicinas: List primary prescribed drugs

Alergias:Major allergies

El Seguro Medica:Name of health insurance company

Hospital de preferencia:Name of hospital you prefer to be taken (if possible to choose)

CONTACTO DE EMERGENCIA

Nombre: _____

Pasaporte/Cedula: _____

Contacto 1 (Habla Español): _____

Contacto 2: _____

Medico: _____

Telefono: _____

Poder o Abogado: _____

Telefono: _____

Medicinas : _____

Alergias : _____

El Seguro Medica: _____

Hospital de preferencia: _____

CONTACTO DE EMERGENCIA

Nombre: _____

Pasaporte/Cedula: _____

Contacto 1 (Habla Español): _____

Contacto 2: _____

Medico: _____

Telefono: _____

Poder o Abogado: _____

Telefono: _____

Medicinas : _____

Alergias : _____

El Seguro Medica: _____

Hospital de preferencia: _____