

## 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.

ation should be reviewed regularly and in case of any changes, complete a new card and discard the outdated card.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

#### 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.

is 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: \_\_\_\_\_

Tipo de Sangre: \_\_\_\_\_

Alergias: \_\_\_\_\_

El Seguro Medica: \_\_\_\_\_

Hospital de preferencia: \_\_\_\_\_

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Medico: \_\_\_\_\_

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El Seguro Medica: \_\_\_\_\_

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