

Information current as of:

## MEDICAL EMERGENCY ID CARD

| Name:                        |
|------------------------------|
| DOB:                         |
| Type of Sickle Cell Disease: |
| Allergies:                   |
| Baseline Hemoglobin:         |
| Emergency Contact:           |
| Name of Hematologist:        |
| Name of Primary Care Doctor: |

children'shea