

In Case of Emergency/Ilo Ien Idin̄

Child's Name/Etan Ajiri Eo:		Nickname/Etan Koīmman Kojak:		Date: Raani: ____/____/____	
Birth Date: Raani in Lotak: ____/____/____		Primary Language/Communication/Kajin Eo An:			
Home Address/Atreej An Mweo:					
Parents/Guardians: Jinen/Jemen/Ro Rej Boḱ Eddoin:		Relationship/Kadkadin:		Phone Number/Talbon Nōmba:	
Parents/Guardians: Jinen/Jemen/Ro Rej Boḱ Eddoin:		Relationship/Kadkadin:		Phone Number/Talbon Nōmba:	
Diagnosis/Ta Alikkar:					
Medications/Uno Ko:		Dose/Joḡḡan Boḱe:		Time/Awa:	
Allergies/Moḡḡā/Uno ko ej kadōki:					
Emergency Contact: Armij jej kebaake ilo ien Idin̄:		Relationship/Kadkadin:		Phone Number/Talbon Nōmba:	
Physician Information/Melele Ikijjien Takto:					
Doctor Name/Etan Takto:		Phone/Talbon Nōmba:		Fax/Fax Nōmba:	
Specialist Name/Etan Specialist Eo:		Phone/Talbon Nōmba:		Fax/Fax Nōmba:	
Specialist Name/Etan Specialist Eo:		Phone/Talbon Nōmba:		Fax/Fax Nōmba:	
Insurance/Injuren:				Group/Group Nōmba:	
Hospital Information/Melele Ikijjien Hospital:					
Name/Etan:				Phone/Talbon Nōmba:	
Address/Atreej:				ER Phone/Talbon In ER:	
Pharmacy Information/Melele Ikijjien Jikin Kauno:					
Name/Etan:				Phone/Talbon Nōmba:	
Address/Atreej:					
Other/Eo Juon̄:					

Most Important Things to Know About Me In an Emergency:

Men Eo Eaurōk Tata Nān Jelā Kin Nā Ilo Ien Idin̄: