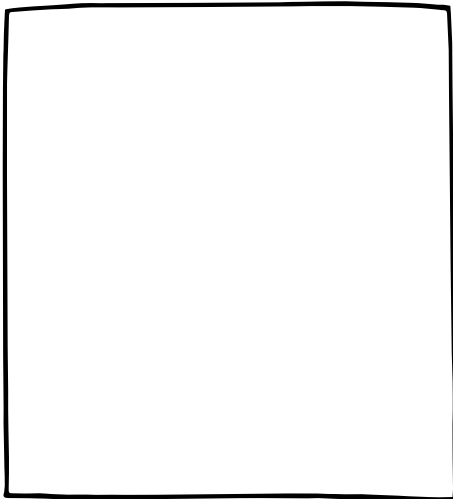


ALL ABOUT ME



MY PICTURE

MY NAME: _____

MY BIRTHDAY: _____

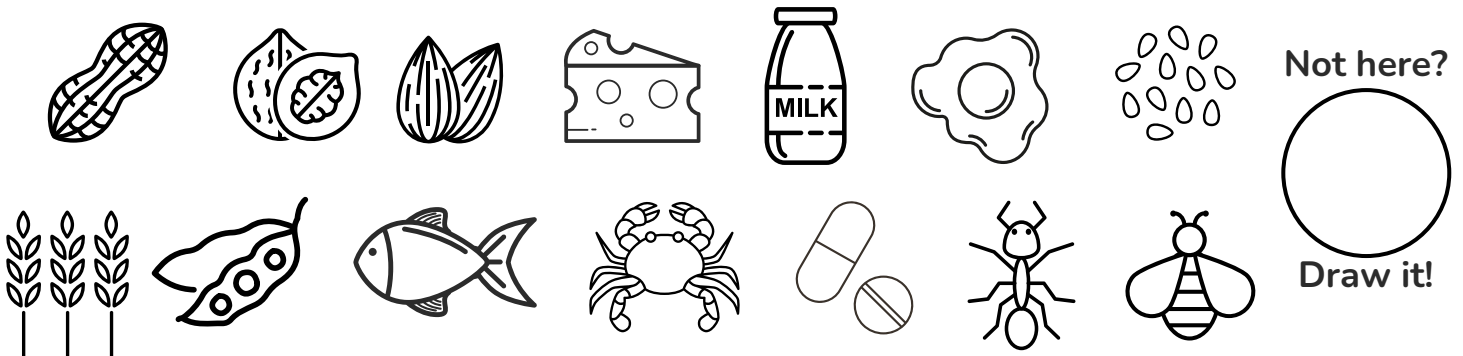
MY AGE: _____

MY PARENT'S NAME: _____

MY PARENT'S NUMBER: _____

WHAT MAKES ME HAPPY: _____

I AM ALLERGIC TO _____



color and circle your allergy

MEDICAL INFORMATION

MY EPI DEVICE IS A _____ EPIPEN _____ AUVI-Q _____ OTHER _____

I HAVE _____ DEVICES AND I KEEP THEM IN _____

DOCTOR'S NAME & NUMBER: _____

NEAREST HOSPITAL: _____

To find more resources, check out CodeAna.org

