For office use only

Emergency card application form

Please tick the relevant boxes

	☐ I enclose £5.00 for a laminated Emergency Card (please complete form opposite).
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
	☐ Please Gift Aid my donation
	ame and address
	S
	Post Code
Contac	t tel no. or email address in case we have a query about your card

Please make cheques payable to the ITP Support Association and return this completed form to:-

The ITP Support Association
The Platelet Mission, Kimbolton Road,
Bolnhurst, Beds MK44 2EL

Emergency card details.

Name and home address (as it will appear on the	ne card)	(Please print clearly)	
Name			
Address			
Post Code			
Home 'phone no (if you wish it to be included	d on the card)		
Your emergency contact name			
Their address			
Their 'phone no(s			
Your GP's name			
Your GP's 'phone no.			
The name of your consulting hospital			
Your hospital's phone no.			
Medical diagnoses/conditions			
Please list any allergies that should be known	ı in an emergei	ncy	
Have you had a splenectomy?	YES/	NO	
Drugs routinely taken (please check spelling!)			
Any drugs taken occasionally to be added? _			
A warning not to give aspirin is included on the	card unless voi	ı ask otherwise	

SAMPLE HEALTHCARE CARDS

shown smaller than actual size

Sample 1





Sample 2

Front Back





Emergency card order form

Please see back page for sample Emergency Cards