

*Please place this card in your pack where it can be easily found
in event of an emergency.*

Emergency contact name & phone: _____

List medications you are currently taking: _____

List any known allergies: _____

List medical conditions for which you are currently being treated: _____

Name: _____ Date: _____

HEALTH CARD

Wallowa Mountains Hells Canyon Trails Association

Wallowa Mountains Hells Canyon Trails Association

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