

**Guam Public Library System  
Emergency Data Form**

<b>Name</b>	
<b>Mailing address</b>	
<b>Home address</b>	
<b>Home telephone</b>	
<b>Cell</b>	

<b>Blood type</b>	
<b>Any allergies to medications? Why?</b>	
<b>Medical condition you wish to indicate</b>	
<b>Are you willing to donate blood</b>	

<b>In an emergency, which clinic do you go to?</b>	
<b>Phone number?</b>	
<b>Primary Physician</b>	

**In an emergency, please list the following:**

<b>Name</b>	<b>Relationship</b>	<b>Phone number</b>