

**Guam Public Library System
Emergency Data Form**

Name	
Mailing address	
Home address	
Home telephone	
Cell	

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

In an emergency, which clinic do you go to?	
Phone number?	
Primary Physician	

In an emergency, please list the following:

Name	Relationship	Phone number