

# 18<sup>th</sup> Texas Infantry - Medical Emergency Card

PLACE IN CARTRIDGE BOX BEHIND TINS

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\_\_\_\_\_

Name

\_\_\_\_\_

Co./Rank

Address

\_\_\_\_\_

Phone No.

\_\_\_\_\_

\_\_\_\_\_

Date of Birth

## Who to Contact in Case of Emergency

Name

Phone #1

Phone #2

Relationship

Medical Conditions:

\_\_\_\_\_

Allergies

\_\_\_\_\_

Current Medications

\_\_\_\_\_

Insurance

\_\_\_\_\_