

Family hospital		Emergency Information Card			
Hospital name					
Address					
Telephone number					
Your doctor		Temporary Gathering Site			
Health problems/ Allergy		Evacuation Site			
		Evacuation Area			
Medication		NTT Disaster Message Service Dial	171		
		Fire / Ambulance	119		
		Police	110		

Your Information		Contact number(s) of your family member(s)	
Name	Male Female	Name	Male Female
Date of birth : ()Month()Day, ()Year		Workplace	
Home address		Telephone number (- -)	
		Home address	
Telephone number		Telephone number	
Blood type	A • B • AB • O Rh + • -	Relationship	
Contact number of your relatives/friends			
Name		Telephone number	
Home address		Other	