## **DLSU Integrated School Emergency Information Card**

## De La Salle University **Emergency Information Card** Name: ID No.: \_\_\_\_\_ Gr./Sec: \_\_\_\_ Note: Nickname: \_\_\_\_\_ Blood type \_\_\_\_\_ 1. Place other important information on the blank side of the card 2. For best results, print on an 8.5x11 paper Special Needs \_\_\_\_\_ Allergies **Personal Information** Birthdate: \_\_\_\_\_ Age: \_\_\_\_ Address: Phone Number: Mobile Number: **Parent/Guardian Information** Name: Relationship: Office Number: Mobile Number: Office Address: Parent/Guardian Information Name: Relationship: Office Number: Mobile Number: Office Address: **Emergency Contact Numbers DLSU Emergency Hotlines** Taft: (02) 524-4611 loc. 111 STC: (049) 554-8900 loc. 111 **Local Emergency Hotlines** Hospital (TMCSL): (049) 544-0125

Biñan PNP: (049) 411-2386 Biñan BFP: (049) 411-0061