



Fill in the form, print it and keep it in your wallet.

## Personal Emergency Protocol Card

Student Name / *Nombre del alumno:*

Date of Birth / *Fecha de nacimiento:*

Country of Citizenship / *Nacionalidad:*

Emergency Contact in Madrid / *Contacto de Emergencia en Madrid:*

TF:

Address in Madrid / *Domicilio en Madrid:*

Emergency Contact in Home Country / *Contacto de Emergencia en país de origen:*

TF:

Home Embassy / *Consulado:*

Telephone:

Address:

Known allergies / *Alergias:*

Past operations / *Cirugías:*

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