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# People Prepared Action Card

Cardholder: \_\_\_\_\_

In Case of Emergency:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

MENDIP

Sedgemoor



TAUNTON  
DEANE



Simple Plans Safer Places

Emergency Arrangements	Medical Information	
<b>Meeting Points:</b> 1. _____ 2. _____	Medical Conditions	
<b>Out of Area Contacts:</b> Name: _____ Tel: _____ Name: _____ Tel: _____	Allergies	
<b>Top tip!</b> Make sure your ICE contacts details are available from your mobile phone lock screen	Blood Group	