

### EMERGENCY Contacts

Name : ..... Phone: ...  
Name : ..... Phone: ...

### MEDICAL Contacts

Name (GP/pediatrician): ..... Phone: ...  
Name (specialist): ..... Phone: ...

Rare disease Reference Center :

Name : .....  
Phone: .....  
Address : .....  
Orphanet EMERGENCY CARD  
Scan with your  
smartphone



Rare Disease

**EMERGENCY CARD**

Photo



### CUTANEOUS ALLERGY CARD

Patient Family name : .....  
First name : .....



**I, undersigned, Dr** \_\_\_\_\_  
(Hospital /phone) : \_\_\_\_\_

**Attest that this patient has developed an adverse drug  
reaction - type ....**

\_\_\_\_\_

**Drugs involved :**

\_\_\_\_\_  
\_\_\_\_\_

**Date of adverse drug reaction :**

**Contraindication(s) :**

\_\_\_\_\_  
\_\_\_\_\_

**Authorised drugs as alternative :**

\_\_\_\_\_  
\_\_\_\_\_