

Casualty Care Card



Name:	
Address:	
DOB:	
Phone #:	
Emergency Contact:	
Relationship:	
Address:	
Phone #:	

(SEE OTHER SIDE)

Casualty Care Card



Gender:		NPA Size:	
Height:		Weight:	
Blood Type:		Organ Donor:	
Medical Hx:			
Medications:			
Allergies:			

(SEE OTHER SIDE)

(CUT ON LINE)

1. SIZE NASOPHARYNGEAL AIRWAY (NPA)
2. FILL IN BLANKS
3. PRINT
4. CUT/FOLD
5. LAMINATE
6. STORE IN VEST OR OTHER STANDARD LOCATION



SIZE NPA FROM TIP OF NOSE TO EARLOBE