

I am _____,
a Care Partner for

_____ who has dementia.

If I become incapacitated, please
call _____
at _____

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Emergency Contact Card

The person with me has
Dementia.

Please be patient Thank you

©2018, Roseville Alzheimer's & Dementia Community Action Team



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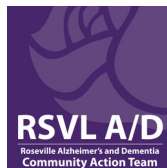


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