

IDENTITY CARD

(Child's name)

Parents: _____

(Street address)

(Home phone)

(Mobile phone)

IMPORTANT MEDICAL INFORMATION ON OTHER SIDE

As parents, we are deeply interested in the welfare of our child,

We are Jehovah's Witnesses and hold strong Biblical convictions. Hence, we do not accept blood transfusions, including autologous transfusions. (Acts 15:29) Additionally, it is widely known that allogeneic transfusions carry risks of hepatitis, HIV, and other health hazards, which we choose to avoid. However, we do accept non-blood expanders and pharmaceuticals that control haemorrhage and stimulate the production of red blood cells. **If our child suffers an accident or becomes seriously ill, please contact us immediately.** We know physicians who respect our religious convictions and are available for consultation on the use of modern, acceptable non-blood alternatives.

(Signature)

(Date)

(Signature)

(Date)