

# IN CASE OF EMERGENCY



Poison Control: (800) 222-1222



Sheriff's Office: \_\_\_\_\_



Fire Department: \_\_\_\_\_

## Basic Info .....

Mom's Name: \_\_\_\_\_

Mom's Phone: \_\_\_\_\_

Dad's Name: \_\_\_\_\_

Dad's Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Closest Major Intersection: \_\_\_\_\_

## Emergency Contacts .....

Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## Medical Supplies .....

Medicine is located: \_\_\_\_\_

First aid kit is located: \_\_\_\_\_

Thermometer is located: \_\_\_\_\_

Bandages are located: \_\_\_\_\_

## Medical Info .....

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

Allergies/Special Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pediatrician: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Nearest ER: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Insurance Provider: \_\_\_\_\_  
\_\_\_\_\_

Policy Number: \_\_\_\_\_

