

## EMERGENCY INFORMATION

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

Birth Date: \_\_\_\_\_

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

Mom's (preferred) Name: \_\_\_\_\_

Dad's (preferred) Name: \_\_\_\_\_

### Important Phone Numbers

Mom: Home- \_\_\_\_\_ Work- \_\_\_\_\_ Cell- \_\_\_\_\_

Dad: Home- \_\_\_\_\_ Work- \_\_\_\_\_ Cell- \_\_\_\_\_

### Alternate Emergency Contact Persons

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

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

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

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

### Medical Information Alert (allergies, medications, etc.)

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

Hospital Preference: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_