

EMERGENCY CONTACT FORM

For LIFE THREATENING EMERGENCIES: CALL 911

POLICE: _____

FIRE: _____

POISON CONTROL CENTER: _____

Child's name: _____

Child's date of birth: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Alternate Emergency Contact Name: _____

Alternate Emergency Contact Phone: _____

Doctor Name: _____

Doctor Phone: _____

The address here is: _____

The nearest cross streets are: _____

The nearest hospital is: _____

NOTE: As of (date) _____, the child is taking the following medications: _____