emergency information
& Guidelines

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basic information

Child's Full Name :: _____ Date of Birth :: _____

Home Address :: _____

Any Allergies, Medications, or Special Conditions :: _____

_____

Parent's Location :: _____

Parent's Contact Information :: _____

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emergency contacts

Emergency {Fire, Major Injury, Intruder, Etc.} :: DIAL 911

Police Department :: _____ Fire Department :: _____

Poison Control :: _____ Other Emergency # :: _____

Closest Neighbor :: _____ Phone :: _____

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special instruction

Responsibilities :: _____

_____

Privileges :: _____

_____