



Emergency Contact Form

Children's Information

Full name: _____ DOB: _____

Weight: _____ as of (date) _____

Allergies: _____

Medications: _____

Medical conditions: _____

Full name: _____ DOB: _____

Weight: _____ as of (date) _____

Allergies: _____

Medications: _____

Medical conditions: _____

Parents' Information

Full name: _____ Cell phone: _____

Email: _____ Work phone: _____

Full name: _____ Cell phone: _____

Email: _____ Work phone: _____

Emergency Contact Information

Contact #1: _____ Phone: _____ Relation: _____

Contact #2: _____ Phone: _____ Relation: _____

Household Information

Home address: _____

Nearest intersection: _____

Home phone: _____

Alarm company: _____ Alarm code: _____

Location of first-aid kit: _____ Fire extinguisher: _____

Water valve: _____ Gas valve: _____

Medical Information

Medical insurance provider: _____ Phone: _____

Insured's name: _____ Policy #: _____ Group #: _____

Pediatrician's name: _____ Phone: _____

Pediatrician's address: _____

Pharmacy address: _____ Phone: _____

Dentist's name: _____ Phone: _____

Dentist's address: _____

Orthodontist's name: _____ Phone: _____

Orthodontist's address: _____

Any additional medical professionals, such as; ophthalmologist, speech therapist, physical therapist, occupational therapists, behavioral therapist, etc.

Urgent Care: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Police Department: _____

Fire Department: _____

Poison Control: _____