

EMERGENCY Information



CALL 911

in any life-threatening emergency

Poison control: 800-222-1222

POLICE DEPT

Phone

FIRE DEPT

Phone

LOCAL EMERGENCY ROOM

Hospital name

Phone

Address

DOCTOR

Name

Phone

DENTIST

Name

Phone

FAMILY HEALTH INSURANCE

Company name

Policy/group #

Member #

Copy of insurance card found on the back

CHILD INFORMATION

Full name

Date of birth

Weight as of (date)

Height as of (date)

Medical conditions

Medications

Allergies

Other Notes

CHILD INFORMATION

Full name

Date of birth

Weight as of (date)

Height as of (date)

Medical conditions

Medications

Allergies

Other Notes

First Aid kit is located

Medicine cabinet is located

PARENT INFORMATION

Name

Cell

Work

Name

Cell

Work

Home Address

IMPORTANT CONTACTS

Name

Relationship

Cell

Address

Name

Relationship

Cell

Address

Name

Relationship

Cell

Address

For more information check out the

Home Binder in the Drop Zone Area