Emergency Contact Sheet

Call 911 in any life-threatening Emergency

Poison Control:
1-800-222-1222

Police:

Fire:

Local Emergency Room:
Cross Streets:
Address:
Phone Number:

Pediatrican Name:
Address:
Phone:

Insurance Info

Medical Insurance:

Company Name:

Policy #:

Child's Name:
Date of Birth:
Weight _____ as of (date) _____
Medical Conditions:
Allergies:
Notes:

Child's Name:
Date of Birth:
Weight _____ as of (date) _____
Medical Conditions:
Allergies:
Notes:

Home Address

Nearest Cross Streets:

Mom's Name:
Mom's Phone Number:

Dad's Name:
Dad's Phone Number:

Additional Emergency Contact Numbers

Name:
Relationship to Child:
Phone Number:

Name:
Relationship to Child:
Phone Number: