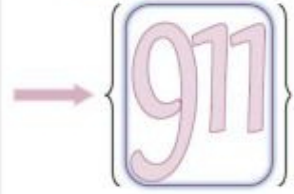


Family Emergency Binder

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Emergency Numbers



Police:	Fire Station:
Poison Control:	Doctor:
Electric Company:	Gas Company:
Water Company:	:
:	:

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Child ID Page



Name: _____ Birthdate: _____
Address: _____
City/State/Zip: _____
Home #: _____
Mom's Cell #: _____ Dad's Cell #: _____
Mom's Name: _____ Dad's Name: _____
Sex: _____ Height: _____ Weight: _____
Hair Color: _____ Eye Color: _____

Medical Alert: _____
Medications: _____

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