

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:

Pediatrician 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: