

# EMERGENCY CONTACT FORM

For LIFE THREATENING EMERGENCIES: CALL 911

POLICE: \_\_\_\_\_

FIRE: \_\_\_\_\_

POISON CONTROL CENTER: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Alternate Emergency Contact Name: \_\_\_\_\_

Alternate Emergency Contact Phone: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Doctor Phone: \_\_\_\_\_

The address here is: \_\_\_\_\_

The nearest cross streets are: \_\_\_\_\_

The nearest hospital is: \_\_\_\_\_

**NOTE: As of (date) \_\_\_\_\_, the child is taking the following medications: \_\_\_\_\_**