



Family & Babysitters
EMERGENCY INFO

We are at _____ # _____
And will be home: _____

Family Name: _____

Home Address: _____

Nearest Cross Streets: _____

IMPORTANT PHONE #'S

Cell Phone #: _____

Cell Phone #: _____

Other: (family, neighbor) _____

Other: (family, neighbor) _____

Poison Control # 1 - 800 - 222 - 1222

General Medical Information

Pediatric / Family Physician

Dr. _____ of _____ (clinic)

24hr On Call phone # _____

Insurance: _____

Childs Name: _____ **Age:** _____

Birth date _____

Weight _____ Height _____

Current Medical Conditions: _____

Medical History / Conditions: _____

Medication: _____

Allergies. _____

Child's Favorite toys, songs, movies, comfort items _____

(See back for more Children info)

In the event of an emergency _____ has permission to authorize any necessary emergent treatment. We the parents / guardians, _____, authorize the tending medical professionals on scene to take any actions or precautions necessary to ensure the life, health and safety of the children left in their care.

Parent/Guardian signature _____ date _____

Childs Name: _____ **Age:** _____

Birth date _____

Weight _____ Height _____

Current Medical Conditions: _____

Medical History /Conditions: _____

Medications: _____

Allergies. _____

Child's Favorite toys, songs, movies, comfort items _____

Childs Name: _____ **Age:** _____

Birth date _____

Weight _____ Height _____

Current Medical Conditions: _____

Medical History /Conditions: _____

Medications: _____

Allergies. _____

Child's Favorite toys, songs, movies, comfort items _____

Childs Name: _____ **Age:** _____

Birth date _____

Weight _____ Height _____

Current Medical Conditions: _____

Medical History /Conditions: _____

Medications: _____

Allergies. _____

Child's Favorite toys, songs, movies, comfort items _____
