MEDICAL EMERGENCY INFORMATION

☐ Please call 911 ☐ Please call ambulance: _____
name telephone

Contact Parent / Guardian:

Name: _____ Relationship: _____

Daytime number: _____ Cell phone: _____

Other means of contact: _____

Name: _____ Relationship: _____

Daytime number: _____ Cell phone: _____

Other means of contact: _____

Other contact:

Name: _____ Relationship: _____

Daytime number: _____ Cell phone: _____

Other means of contact: _____

Electricity company: _____ Rescue: (see ambulance number above)

Poison control: _____ Fire: _____

Police: _____ Gas company: _____

Pediatrician's emergency / after-hours contact number: _____

Special Equipment:

Company	Phone Number
_____	_____
_____	_____

Arrangements for other children in home:

During emergency: _____

_____

_____

Immediately after emergency: _____

_____

_____

_____ _____ _____
Signature of Parent or Guardian Relationship to child Date

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