Emergency Information for Caregivers

Family Name: _____

Parent(s) Name(s): _____

Address: _____

Home phone number: _____

_____'s Cell Phone: _____

_____'s Cell Phone: _____

Family Doctor: _____

Pediatrician: _____

Urgent Care
Phone: _____
Address: _____

Emergency Room
Phone: _____
Address: _____

Where we will be: _____

How you can reach us: _____

When we expect to return: _____

Children's Information

Name	Age	Hair/Eye Color	Allergies	Special Needs	Notes

Emergency Kit location/description/contents:

First Aid Kit location/description/contents:

Contact person if you need a driver for a non-life-threatening emergency:

If the house becomes unsafe (fire, intruder, gas leak, etc.), call the proper authorities, then us, and go here to wait: