

Emergency Contact Sheet



Call 911
in any life-threatening emergency

Poison control: (800) 222-1222

Police department

Phone: _____

Fire department

Phone: _____

Local emergency room

Hospital name: _____

Phone: _____

Address: _____

Doctor

Name: _____

Phone: _____

Dentist

Name: _____

Phone: _____

Family health insurance

Company name: _____

Policy/group #: _____

Child's information

Full name: _____

Date of birth: _____

Weight: _____ as of (date) _____

Medical conditions: _____

Allergies: _____

Other notes (fears, loveys, special needs): _____

Parents' information

Name: _____

Phone: _____

Cell: _____

Name: _____

Phone: _____

Cell: _____

Name: _____

Phone: _____

Cell: _____

Family, friends, and neighbors

Name: _____

Relationship: _____

Phone: _____

Cell: _____

Name: _____

Relationship: _____

Phone: _____

Cell: _____

Name: _____

Relationship: _____

Phone: _____

Cell: _____

Name: _____

Relationship: _____

Phone: _____

Cell: _____

Household information

(alarm company, plumber, electrician, vet)

Company: _____

Contact name: _____

Phone: _____

Company: _____

Contact name: _____

Phone: _____