

Emergency Contact Information

Family Name: _____ Home Address: _____

Home Phone: _____ _____

Nearest Cross Street: _____

Emergency Numbers

Emergency Services: 911 or _____

Poison Control Center: (800) 222-1222

Ambulance: _____

Fire: _____

Police: _____

Hospital Emergency Dept: _____

Doctor's Name: _____

Phone #: _____

Dentist's Name: _____

Phone #: _____

Pharmacy: _____

Phone #: _____

Health Insurance

Company Name: _____

Phone #: _____

Insured's Name: _____

Policy #: _____

For Babysitters and Caregivers

Child's Full Name: _____

Date of Birth: _____

Blood Type: _____

Allergies: _____

Medical Conditions: _____

Child's Full Name: _____

Date of Birth: _____

Blood Type: _____

Allergies: _____

Medical Conditions: _____

Child's Full Name: _____

Date of Birth: _____

Blood Type: _____

Allergies: _____

Medical Conditions: _____

Family Contact Numbers

Mom's Full Name: _____

Home #: _____

Work #: _____

Cell #: _____

Dad's Full Name: _____

Home #: _____

Work #: _____

Cell #: _____

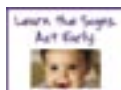
Emergency Contact Name: _____

Relationship: _____

Phone #: _____

Using this Chart

- Fill in and copy the chart, and keep one by every phone.
- Give a copy to family members and others who may be caring for/sitting with your child. Tuck one inside each first aid kit.
- Additionally, take a copy of the chart with you when traveling. If you're taking your baby on a trip, go online in advance to search for Emergency Health Clinics in the town you'll be visiting. Bring the number with you, just in case.



The Centers for Disease Control and Prevention's
"Learn the Signs. Act Early." Campaign



