

Child's name: _____

Age (Birthday): _____ (/ /) Weight: _____

Address: _____

Parent or Guardian: _____

Phone # where you can be reached: (____)____-_____

Other Emergency Contact: _____

Contact's Phone #:(____)____-_____

Trusted Neighbor: _____ (____)____-_____

Address: _____

Doctor's Name: _____

Doctor's Phone #: (____)____-_____

Poison Control Center: 1-800-222-1222

Emergency Service: 9-1-1 or (____)____-_____

Nearest Intersection: _____

Evacuation Location:

fire: _____

tornado: _____