

Emergency Contact Sheet

Call 911

in any life-threatening emergency

Poison Control: 1 (800) 222-1222

Police: _____

Fire: _____

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: _____

Cell: _____

Name: _____

Cell: _____

Name: _____

Cell: _____

Family, friends, and neighbors

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Household information

(alarm company, plumber, electrician, vet)

Company: _____

Contact name: _____

Phone: _____

Company: _____

Contact name: _____

Phone: _____

Sitter

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