

# 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: