

## Phone Numbers

Police \_\_\_\_\_

Poison Control \_\_\_\_\_

Fire \_\_\_\_\_

Paramedics \_\_\_\_\_

Child's Name	Birthdate	Parents			Doctor	School	Emergency Contact	
		Name	Home	Work			Name	Phone
		M						
		F						
		M						
		F						
		M						
		F						
		M						
		F						
		M						
		F						
		M						
		F						

Home Address \_\_\_\_\_

Telephone Numbers \_\_\_\_\_