

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						
		M						
		F						

Home Address _____

Telephone Numbers _____