



# EMERGENCY CONTACT SHEET

**DIAL 911 FOR EMERGENCY SERVICES**

## EMERGENCY NUMBERS

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Poison Control Center: 1-800-222-1222

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_

## FAMILY NUMBERS

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Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Major Crossroads: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_

Cell #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Cell #: \_\_\_\_\_ Relationship: \_\_\_\_\_

## CHILDREN

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List name, cell phone number, allergies, and medical conditions. Use back of sheet for additional children.

Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_

Child 4: \_\_\_\_\_

Child 5: \_\_\_\_\_

