

# Emergency Contacts & Forms

Everything in one place before you need it

STILL DAD

## CHILD INFORMATION

CHILD'S FULL NAME

DATE OF BIRTH

BLOOD TYPE

KNOWN ALLERGIES (FOOD)

KNOWN ALLERGIES (MEDICATION)

ENVIRONMENTAL ALLERGIES

CURRENT MEDICAL CONDITIONS

CURRENT MEDICATIONS (NAME, DOSE, FREQUENCY)

## EMERGENCY CONTACTS

PRIMARY CONTACT (YOU)

NAME

PHONE

SECONDARY CONTACT

NAME / RELATIONSHIP

PHONE

THIRD CONTACT

NAME / RELATIONSHIP

PHONE

## INSURANCE

INSURANCE COMPANY

MEMBER ID

GROUP NUMBER

INSURANCE PHONE (BACK OF CARD)

## MEDICAL PROVIDERS

PEDIATRICIAN  
NAME / PRACTICE

PHONE

ADDRESS

DENTIST  
NAME / PRACTICE

PHONE

NEAREST URGENT CARE  
NAME / ADDRESS

PHONE / HOURS

NEAREST ER  
HOSPITAL / ADDRESS

PHONE

## SCHOOL / DAYCARE

SCHOOL NAME

SCHOOL OFFICE PHONE

SCHOOL NURSE PHONE

DAYCARE / AFTERCARE NAME + PHONE

## NOTES

*Print this, fill it in, and keep one copy at home, one in your wallet, and one saved to your phone. Give a copy to anyone who watches your kids.*

