

EMERGENCY CONTACT CHART

Updated: _____

CHILD INFORMATION

Full Name

Date of Birth

**Medical Conditions /
Allergies**

PRIMARY GUARDIANS

Guardian 1

NAME PHONE (CELL) WORK PHONE

Guardian 2

NAME PHONE (CELL) WORK PHONE

Home Address

BACKUP EMERGENCY CONTACTS

Name & Relationship

Phone Number

Authorized to Pick Up?

Yes No

Yes No

PROFESSIONAL CONTACTS

Pediatrician

NAME PHONE

Dentist

NAME PHONE

Preferred Hospital

FACILITY NAME ADDRESS

In case of life-threatening emergency, always dial **9-1-1** first.