



EMERGENCY RECORD

Child's Name _____

Person to be contacted in the event of an emergency when child's parents cannot be reached:

(Name) (House Number and Street) (City, State, Zip Code)

(Home Phone) (Work Phone)

Does your child have any allergies? If yes, please describe.

Does your child have any special needs? If yes, please describe.

Does your child have any other health conditions? If yes, please describe.

Is there any other information of which I should be aware?

Child's Physician _____
(Name) (Phone)

(Doctor's Office Name) (Number and Street) (City, State, Zip Code)

Child's Dentist _____
(Name) (Phone)

(Dentist Office Name) (Number and Street) (City, State, Zip Code)