

Emergency Card

Child's Name: _____

Child's Age: _____ Birthday: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Parent/Guardian: _____

Address: _____

Home Telephone: _____

Cell Phone: _____

Emergency contacts:

Name/Number/Relationship: _____

Name/Number/Relationship: _____

Allergies: _____

Medications: _____

Medical conditions: _____

Other _____

Physician: Name/Clinic/Phone _____

Dentist: Name/Clinic/Phone _____