

Emergency Card

Name: _____ Birthdate: _____

Physical Identifying Features: _____

Care Card #: _____

Medical Conditions: _____

Allergies: _____

Physician: _____ Physician's Ph. #: _____

Permission to call physician/ambulance: Yes (.) No (.)

Parent(s) Name (s): _____

Address (home): _____ Ph. #: _____

Email: _____ Cell #: _____

(Mom work): _____ Ph. #: _____

Email: _____ Cell #: _____

(Dad work): _____ Ph. #: _____

Email: _____ Cell #: _____

Emergency contact:

Name: _____ Ph. #: _____

Email: _____ Cell #: _____