

## 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 #: \_\_\_\_\_