

Emergency Card

Participant's Name: _____

Date of Birth: _____

Primary Contact Name(s) and Phone numbers

1. _____ Phone no. _____

Parent Type parent grandparent step parent foster parent

2. _____ Phone no. _____

Parental Type parent grandparent step parent foster parent

Address: _____

Emergency Contact Name (1): _____

Emergency Contact Phone: _____

Emergency Contact Name (2): _____

Emergency Contact Phone: _____

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Emergency Card

Doctor Name: _____ Doctor Phone _____

Dentist Name _____ Dentist Phone _____

Care Card Number _____

List any medications your child is currently taking:

List any allergies your child has:

Seizures: Y N If yes, What type? How Often? Known triggers

Child's diagnosis:
