

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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Doctor Name: \_\_\_\_\_ Doctor Phone \_\_\_\_\_

Dentist Name \_\_\_\_\_ Dentist Phone \_\_\_\_\_

Care Card Number \_\_\_\_\_

List any medications your child is currently taking:

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List any allergies your child has:

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

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Child's diagnosis:

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