

## 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 \_\_\_\_\_