

Emergency info

Call : _____ FOR EMERGENCY

	_____	POISON CONTROL DEPT.
	_____	HOSPITAL
	_____	POLICE DEPT.
	_____	FIRE DEPT.

1. INSURANCE

COMPANY _____

POLICY NO. _____

2. EMERGENCY CONTACT INFO

NAME _____

RELATION _____

CELLPHONE _____

WORK PHONE _____

NAME _____

RELATION _____

CELLPHONE _____

WORK PHONE _____

3. DOCTOR

NAME _____

PHONE _____

ADDRESS _____

4. DENTIST

NAME _____

PHONE _____

ADDRESS _____

5. OSTEOPATH

NAME _____

PHONE _____

ADDRESS _____

6. EMERGENCY CONTACT INFO

NAME _____

AGE _____

HEALTH CONCERN _____

NAME _____

AGE _____

HEALTH CONCERN _____

7. HOUSE INFO

FIRST AID KIT _____

BREAKER PANEL _____

FIRE EXTINGUISHER _____

GAS ON/OFF VALVE _____

WATER ON/OFF VALVE _____

EMERGENCY CASH _____

ADDRESS _____

AS THE PARENT OR AUTHORIZED REPRESENTATIVE. I HEREBY GIVE CONSENT TO THE CHILD CARE PROVIDER _____ TO OBTAIN ALL EMERGENCY, MEDICAL OR DENTAL CARE PRESCRIBED BY A DUTY LICENSED PHYSICIAN (M.D) OSTEOPATH (D.O) OR DENTIST (D.D.S) FOR THE NAMED MINOR CHILD(REN) WHILE IN CARE.

PARENT SIGNATURE: _____

DATE: _____