

A Friend of the Family[®]
EMERGENCY INFORMATION SHEET

CHILDREN:

NAME

DATE OF BIRTH

1. _____
2. _____
3. _____
4. _____

Parent's/Guardian Name

Phone

Cell

Address

Parent's/Guardian Name

Phone

Cell

Address

Other Phone Numbers Where Parents May Be Reached:

***** SECONDARY EMERGENCY CONTACT*****

Secondary Emergency Contact

Phone

Address

City

State

Zip code

Additional Number(s) Where Secondary Contact Can Be Reached

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EMERGENCY INFORMATION SHEET

*****EMERGENCY MEDICAL CONTACT*****

Hospital Preference (Refer to medical treatment form)

Phone

Ambulance

Fire

Police

Poison Control Center

*****HOUSEHOLD EMERGENCY LOCATIONS & PROCEDURES *****

Family Meeting Place Outside The Home In Case of Fire: _____

Fire Extinguisher Location: _____

Water Shut Off: _____

Circuit Breaker: _____

Gas Shut-Off: _____

Extra House Key: _____

First Aid Supplies: _____

In the event of any emergency, we hereby authorize _____ (Caregiver's Name) to release the children's names and personal information to a third party.

Signature

Date

Printed Name

*Emergency numbers may change in your area, so check to make sure these are current!