Emergency Contact Information

**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mom’s Name**:
Address:
Home Number:
Cell Number:
Work Number:

**Dad’s Name**:
Address (if different from above):
Home Number:
Cell Number:
Work Number:

**Pediatrician Name**:
Ofﬁce Number:
Ofﬁce Address:
Main Hospital:

**Additional Emergency Contacts**: (Please include name, address, and phone number(s). Please list in order of preference of who to call ﬁrst.)

1.

2.

3.

Allergies:
Special Medications:

Other special notes: