

Family **INFORMATION CARD**

*Call 9-1-1 or the local emergency number,
_____, in an emergency.*

Family name:

Child information

Parent name:

Name, age, weight and hair and eye color

1. _____

1. _____

2. _____

2. _____

Phone number:

Parent 1:

3. _____

Parent 2:

Mobile phone number:

Allergies:

Parent 1:

Medications:

Parent 2:

Address:

Medical problems:

E-mail address:

Parent 1:

Doctor's name:

Parent 2:

Nearest cross-street:

Doctor's phone number:

Phone number and name of place where parent or guardian can be reached during babysitting job:

Name of preferred hospital to be used in an emergency:

Poison Control Center (PCC) Hotline:
(800) 222-1222

Neighbor's name and phone number:

Evacuation location:

Name and phone number of an adult who can make decisions if the parent cannot be reached:

Emergency contact:

Out-of-town contact information

Name: _____

Mobile Phone: _____

Daytime Phone: _____

E-mail: _____