

## Emergency Card

Child's name:

Child's Birthday (including year):

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