



Important Emergency Information for At-Home Care



Children's Name(s) and Ages: _____

Name(s) of Parent(s)/Guardian: _____

Home Address: _____

Nearest Intersection: _____

Where Parents will be: _____

Phone: _____ When Parents will return: _____

Name and address of Person to call if you cannot reach parents: _____

Phone: _____ Relationship: _____

What the Children can eat and drink: _____

Allergies/Medical Conditions or Medications of each child:

BEDTIME IS: _____

Before Bed, the children should:

Other instructions:

Other Emergency Contacts:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital: _____ Phone: _____

Medical Insurance : _____ Policy Number: _____

Police: _____ Poison Control: _____

Taxi: _____ Rescue Squad: _____

Neighbor/Local Relatives: _____

Address: _____ Phone: _____