



IMPORTANT PHONE NUMBERS

EMERGENCY: CALL 911

PEDIATRICIAN: Address: Phone:	POISON CONTROL CENTER: () -
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DENTIST: Address: Phone:

HOSPITAL: Address: Phone:
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In an emergency, when all phone circuits are busy, consider sending a text message or email to the parents instead.

FATHER	
EMPLOYER NAME & ADDRESS	
OFFICE PHONE:	SECRETARY'S NAME
BEEPER:	
CELL PHONE:	
EMAIL ADDRESS:	

MOTHER	
EMPLOYER NAME & ADDRESS	
OFFICE PHONE:	SECRETARY'S NAME
BEEPER:	
CELL PHONE:	
EMAIL ADDRESS:	

ALTERNATE EMERGENCY CONTACTS	
Name:	Name:
Number:	Number:
Relationship:	Relationship :

SCHOOL	
NAME:	TEACHERS:
SICK LINE:	MAIN #:



IMPORTANT EMERGENCY INFORMATION

Child's Personal Information

Name: _____ Date of Birth: _____
Sex: _____ Social Security #: _____
Hair: _____ Eyes: _____
Allergies: _____

Medical Conditions / Medications: _____

Child's Personal Information

Name: _____ Date of Birth: _____
Sex: _____ Social Security #: _____
Hair: _____ Eyes: _____
Allergies: _____

Medical Conditions / Medications: _____

Medical Insurance Information

Name of Insured: _____ Employer: _____
Ins. Company: _____
Member No.: _____
Insured/Employee Social Security No.: _____
Group No.: _____ Confirmation Phone Number: _____
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PARENTAL AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:

In the case of accident or illness, should my child(ren) _____ become ill during the time that s/he is in the care of _____ (name of nanny) or suffers an accident of any character, I (we) shall be contacted immediately. In the event that I (we) cannot be contacted immediately, the nanny shall be authorized to secure such medical attention and care as may be necessary.

Signature of Parent: _____

Date: _____

****PLEASE ATTACH A COPY OF INSURANCE AND PRESCRIPTION PLAN CARDS.**

Automobile Insurance Information

Ins. Company: _____ Policy ID: _____
Phone Number: () -