

In Case of Emergency:

Name:

SSN:

DOB:

Nickname:

Address:

Allergies:

Reaction with Allergies:

Blood Type:

Diagnoses:



In Case of Emergency Contact Order:

First Person's Name: Mom's name

Contact Phone:

Relationship: MOM

Second Person's Name: Dad's Name

Contact Phone:

Relationship: DAD

Person who is capable of making medical and other decisions if not a person listed above:

Contact info: Barbara Doe

Relationship: Grandma

Put any information about wills/trusts/guardianship paperwork here. Put copies of those in the folder.

List of other people that can be contacted if none of the above are available. Put them in the order you want them to be contacted.

Names (relationship) with phone numbers listed out. I use 5 people.

General Practitioner or Pediatrician name and phone number

Any specialist physicians and phone numbers

Any hospitals that the person can go to or has been seen at previously so they will have their medical records on file.

Insurance information including the guarantor (policyholder) name and DOB. Place copies of the insurance cards in the folder.

Other pertinent information regarding your child.

In Case of Emergency:

Name:

SSN:

DOB:

Nickname:

Address:

Allergies:

Reaction with Allergies:

Blood Type:

Diagnoses:

In Case of Emergency Contact Order:

First Person's Name:

Contact Phone:

Relationship:

Second Person's Name:

Contact Phone:

Relationship:

Person who is capable of making medical and other decisions if not a person listed above:

Contact info:

Relationship:

Guardianship Information:

Other Contacts if Needed:

- 1.
- 2.
- 3.
- 4.
- 5.

General Practitioner or Pediatrician name and phone number

Any specialist physicians and phone numbers



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Hospitals and Clinics that Have Records:

Insurance information including the guarantor (policyholder) name and DOB. Place copies of the insurance cards in the folder.

Other pertinent information:

