Address:

In Case of an Emergency **Contact Card**

Family's name above

Land Line:	Land Line:
Other Household Members	
Name:	Name:
Cell Phone:	Cell Phone:
Social Media:	Social Media:
E-mail:	Email:
DOB: Attends School at	DOB: Attends School at
Name:	Name:
Cell Phone:	Cell Phone:
Social Media:	Social Media:
Email:	Email:
DOB: Attends School at	DOB: Attends School at
<fold></fold>	<=old>
Other Household Members	Other Household Members
Name:	Name:
Cell Phone:	Cell Phone:
Social Media:	Social Media:
E-mail:	E-mail:
DOB: Attends School at	DOB: Attends School at
Name:	Name:
Cell Phone:	Cell Phone:
Social Media:	Social Media:
Email:	Email:
DOB: Attends School at	DOB: Attends School at
Off-site Emergency Contact	Off-site Emergency Contact
Name:	Name:
Land Line : Cell Phone:	Land Line: Cell Phone:
Address:	Address:
Social Media:	Social Media:
Email:	Email:
Name:	Name:
Land Line: Cell Phone:	Land Line:Cell Phone:
	Address:
Address:	Social Media:
Social Media:	Email:

Email: ___

In Case of an Emergency

Contact Card

Family's name above

Address:

Emergency Phone Numbers Emergency Phone Numbers Police and Fire Dept dial 911 Police and Fire Dept dial 911 **Poison Control: Poison Control: Doctor:** Doctor: Pediatrician: Pediatrician: Veterinarian: Veterinarian: Kennel: Kennel: Health Insurance Company: _____ Health Insurance Company: _____ Health Insurance Policy#: Health Insurance Policy#: <= 0.00</p> **School and Day Care Information School and Day Care Information** Phone: Phone: Address: **Address: Emergency Hotline: Emergency Hotline:** Designated adult that can pick up your child(ren) in case Designated adult that can pick up your child(ren) in case of an emergency of an emergency Name: Name: Land Line: _____ Land Line: Cell Phone: Cell Phone: **Email:** Email: **Emergency Place to Pick Up:** Emergency Place to Pick Up: ___ **School and Day Care Information School and Day Care Information** Phone: Phone: Address: Address: Emergency Hotline: ___ Emergency Hotline: ___ Designated adult that can pick up your child(ren) in case Designated adult that can pick up your child(ren) in case of an emergency of an emergency Name: Name: Land Line: _____ Land Line: Cell Phone: Cell Phone: Email: Email: Emergency Place to Pick Up: Emergency Place to Pick Up: _ <Fold> <Fold> **Other Important Information Other Important Information** Bank's Helpline: Bank's Helpline: Checking Account No. Checking Account No. Savings Account No. _____ Savings Account No. _____ Phone#: _____ Phone#: Credit Card#: Credit Card#:

Bank's Helpline:

Credit Card#:

Savings Account No.

Home/Renters Insurance Ph: __

Home/Renters Insurance Policy#:

Checking Account No.

Phone#:

Bank's Helpline:

Credit Card#:

Savings Account No.

Home/Renters Insurance Ph: _____ Home/Renters Insurance Policy#:

Checking Account No.

Phone#: