**Important Children's Information**

*Keep this information so those you designate to care for your children in your absence have all of the information they need.*

|  |  |
| --- | --- |
| Childs Name |  |
| Date of Birth |  |
| Child’s Cell Phone Number (if applicable) |  |
| School |  |
| School Address |  |
| School Phone Number |  |
| Teacher’s Name |  |
| Classroom Number |  |
| After school Program |  |
| Afterschool Program Phone Number |  |
| Other Camp/Sports/Program |  |
| Other Camp/Sports/Program Phone Number |  |
| Allergies |  |
| Medical conditions |  |
| Medications |  |
| Doctor’s Phone Number |  |
| Doctor’s Address |  |
| Health Insurance |  |

**Emergency Numbers and Important Contact Information**

*Keep this information in one place so that you and your family can access it easily.*

|  |  |
| --- | --- |
| Emergency Numbers |  |
| Immediate Emergency | 911 |
| Police Department |  |
| Fire Department |  |
| Poison Control |  |
| Family Contacts |  |
| Mother/Parent/Guardian |  |
| Home Phone |  |
| Cell Phone |  |
| Work Address |  |
| Work Phone |  |
| Father/Parent/Guardian |  |
| Home Phone |  |
| Cell Phone |  |
| Work Address |  |
| Work Phone |  |
| Other Emergency Contact and Relationship |  |
| Cell Phone |  |
| Miscellaneous Contacts |  |
| Doctor |  |
| Phone Number |  |
| Health Insurance Company |  |
| Policy Number |  |
|  |  |
| Pediatrician |  |
| Phone Number |  |
| Health Insurance Company |  |
| Policy Number |  |
|  |  |
| Dentist |  |
| Phone Number |  |
| Dental Insurance Company |  |
| Policy Number |  |
|  |  |
| Car Make/Model |  |
| License Plate Number |  |
| Car Insurance Company |  |
| Insurance Policy Number |  |
| Phone Number |  |
|  |  |
| Consulate |  |
| Address |  |
| Phone Number |  |
|  |  |
| Attorney/Nonprofit Legal Services Provider |  |
| Address |  |
| Phone Number |  |

