

## PORTABLE EMERGENCY RECORDS

CHILD'S NAME: \_\_\_\_\_ D.O: B \_\_\_\_\_

HEALTH CARD # \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**PARENT /GUARDIAN'S NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**PARENT /GUARDIAN'S NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**EMERGENCY CONTACTS: (PEOPLE IN TOWN TO WHOM CHILD MAY BE RELEASED)**

NOTE: UNDER NO CIRCUMSTANCE WILL THE CHILD BE RELEASED TO ANYONE ELSE WITHOUT PREVIOUS AUTHORIZATION FROM

**CONTACT 1:**

NAME \_\_\_\_\_ . RELATIONSHIP TO CHILD \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**CONTACT 2::**

NAME \_\_\_\_\_ . RELATIONSHIP TO CHILD \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

ON GOING MEDICATION: \_\_\_\_\_

IMMUNIZATION UP TO DATE: YES \_\_\_\_\_ NO \_\_\_\_\_

ANY OTHER RELEVANT HEALTH INFORMATION: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_