

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: _____