

EMERGENCY CONTACT SHEET

In any life-threatening emergency **call 911** immediately.

Poison Control: _____

Police Department: _____

Fire Department: _____

Local Emergency Room

Hospital Name: _____

Phone: _____

Address: _____

Doctor

Name: _____

Phone: _____

Dentist

Name: _____

Phone: _____

Child's Information

Full Name: _____

Date of Birth: _____

Weight: _____ as of (date) _____

Medical Conditions: _____

Allergies: _____

Other Notes (fears, special needs):

Parents' Information

Name: _____

Phone: _____

Cell: _____

Name: _____

Phone: _____

Cell: _____

Family, Friends & Neighbours

Name: _____

Relationship: _____

Phone: _____

Cell: _____

Name: _____

Relationship: _____

Phone: _____

Cell: _____

Name: _____

Relationship: _____

Phone: _____

Cell: _____

Household Information

(alarm company, plumber, electrician, vet)

Company: _____

Contact Name: _____

Phone: _____



ON-SITE
First Aid & CPR Training Group

www.onsitefirstaid.ca | 416.986.2551