

IN CASE OF EMERGENCY: CALL 911

Our home address

Address line 1 _____

Address line 2 _____

City/State/Zip _____

POISON CONTROL: 1-800-222-1222

Children's Minnesota Emergency Department:

Minneapolis: 612-813-6117

St. Paul: 651-220-6911

Child's doctor _____

Clinic name _____

Clinic phone _____

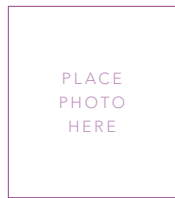
Child's dentist _____

Office name _____

Office phone _____

Child 1

Full name _____



Date of birth _____

Weight _____ as of (date) _____

Medical conditions _____

Allergies _____

Other notes _____

Parents/guardians

Name _____

Phone _____

Alt. phone _____

Email _____

Name _____

Phone _____

Email _____

Child 2

Full name _____



Date of birth _____

Weight _____ as of (date) _____

Medical conditions _____

Allergies _____

Other notes _____

Family/friends/neighbors

Name _____

Relationship _____

Phone _____

Email _____

Name _____

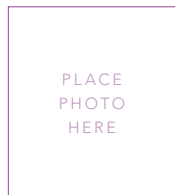
Relationship _____

Phone _____

Email _____

Child 3

Full name _____



Date of birth _____

Weight _____ as of (date) _____

Medical conditions _____

Allergies _____

Other notes _____

Household information

(alarm company, plumber, electrician, vet)

Company _____ Phone _____

Company _____ Phone _____

Company _____ Phone _____