

# 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 – Minneapolis ER: 612-813-6117**  
**Children's – St. Paul ER: 651-220-6911**

**Police dept** \_\_\_\_\_

**Fire dept** \_\_\_\_\_

## 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 \_\_\_\_\_

## Child 2

**Full name** \_\_\_\_\_

Date of birth \_\_\_\_\_

Weight \_\_\_\_\_ as of (date) \_\_\_\_\_

Medical conditions \_\_\_\_\_

Allergies \_\_\_\_\_

Other notes \_\_\_\_\_

## Child 3

**Full name** \_\_\_\_\_

Date of birth \_\_\_\_\_

Weight \_\_\_\_\_ as of (date) \_\_\_\_\_

Medical conditions \_\_\_\_\_

Allergies \_\_\_\_\_

Other notes \_\_\_\_\_

## Parents/guardians

**Name** \_\_\_\_\_

Work phone \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

**Name** \_\_\_\_\_

Work phone \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

## Family/friends/neighbors

**Name** \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

**Name** \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

## Household information

(alarm company, plumber, electrician, vet)

Company \_\_\_\_\_ Phone \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

