**PORTABLE EMERGENCY INFORMATION RECORD**

**\*\*\*ALL FIELDS MUST BE COMPLETED\*\*\***

**CHILD’S INFORMATION**

|  |
| --- |
| CHILD’S NAME: |
| HEALTH CARE # DOB:  |
| CHILD ADDREESS: |
| PARENT/GUARDIAN NAME(S) |

**CONTACT NUMBERS**

|  |  |
| --- | --- |
| MOTHER / FATHER / GUARDIAN(Please circle one) | MOTHER / FATHER / GUARDIAN(Please circle one) |
| NAME: | NAME: |
| ADDRESS | ADDRESS |
| MAIN CONTACT #: (CELL, HOME, EMPLOYER) | MAIN CONTACT #: (CELL, HOME, EMPLOYER) |
| EMPLOYER: | EMPLOYER: |

**EMERGENCY CONTACTS**

**\*\*\*OTHER THAN MAIN CAREGIVERS\*\*\***

|  |  |
| --- | --- |
| NAME: | NAME: |
| PHONE: | PHONE: |
| ADDRESS: | ADDRESS: |
| RELATIONSHIP TO CHILD: | RELATIONSHIP TO CHILD: |

|  |
| --- |
| DOCTOR’S NAME/ PHONE: |
| **ALLERGIES:** |
| ONGOING MEDICATION(S): **EPI-PEN** YES / NO |
| IMMUNIZATION UP TO DATE: YES NO |

**OTHER HEALTH INFORMATION**