

**PORTABLE EMERGENCY INFORMATION RECORD**

**UPDATED: \_\_\_\_\_**

CHILD'S NAME:
BIRTHDATE:
HEALTH CARE #:
PARENT NAME:
PARENT ADDRESS:
PHONE #:
<b>IF PARENTS HAVE DIFFERENT CONTACT INFO PLEASE RECORD BELOW:</b>
NAME:
ADDRESS:
PHONE #:

**ALTERNATE CONTACT # FOR PARENTS**

MOTHER	FATHER
NAME:	NAME:
EMPLOYER:	EMPLOYER:
CONTACT #:	CONTACT #:

**EMERGENCY CONTACTS TO WHOM CHILD CAN BE RELEASED**  
**\*\*OTHER THAN PARENTS\*\***

NAME:	NAME:
PHONE:	PHONE:
ADDRESS:	ADDRESS:

**OTHER HEALTH INFORMATION**

DOCTOR'S NAME:
ALLERGIES:
ONGOING MEDICATIONS:
IMMUNIZATIONS UP TO DATE?      YES                      NO