



EMERGENCY CONTACT SHEET

Call 9-1-1 in any life threatening emergency

Family Name: _____
Our Address: _____
Our Emergency Contact Numbers:
(Mom) mobile: _____ (Dad) mobile: _____

Emergency Contact 1: _____
Phone Number: _____
Emergency Contact 2: _____
Phone Number: _____

Non-emergency Numbers:
Neighbor's Name & Phone Number: _____
Non-Emergency Fire Department: _____
Non-Emergency Police Department: _____
Poison Control: _____

IMPORTANT PHONE NUMBERS:
Home Phone Number: _____
Parent's Name: _____
Parent's Mobile: _____
Parent's Work Number: _____
Parent's Name: _____
Parent's Mobile: _____
Parent's Work Number: _____

CHILDREN'S NAME & AGE

Name:	Age:

Allergies & Medical Info:

Pediatrician Name: _____

Phone Number: _____

Dentist Name: _____

Phone Number: _____

Medical Info: _____

Medical Insurance Information:

Name of Insured:

Ins. Company:

Ins. Phone Number:

Employer:

Member Number:

Group Number:

PARENTAL AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:

In case of accident or illness, should my child(ren)

_____ become ill during the time

that s/he is in the care of _____ (name of

Nanny) or suffers an accident of any character, I (we) shall be contacted

immediately. In the event that I (we) cannot be contacted immediately, the Nanny

shall be authorized to secure such medical attention and care as may be necessary.

Signature of Parent _____ Date: _____

Signature of Parent _____ Date: _____

