

# EMERGENCY CONTACT SHEET

*Print & keep in a visible place*

## BABY'S INFORMATION

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Allergies (if any): \_\_\_\_\_
- Medical Conditions: \_\_\_\_\_
- Medications: \_\_\_\_\_
- Blood Type (if known) \_\_\_\_\_

## PRIMARY CAREGIVER

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Secondary Phone Number: \_\_\_\_\_

## EMERGENCY CONTACTS

### EMERGENCY CONTACT #1

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

### EMERGENCY CONTACT #2

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

## PEDIATRICIAN

- Name: \_\_\_\_\_
- Clinic / Hospital: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

## NEAREST HOSPITAL / ER

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- ER Phone: \_\_\_\_\_

## NEAREST HOSPITAL / ER

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- ER Phone: \_\_\_\_\_

## INSURANCE INFORMATION (OPTIONAL)

- Provider: \_\_\_\_\_
- Policy Number: \_\_\_\_\_
- Notes: \_\_\_\_\_

## ADDITIONALS

- Feeding instructions: \_\_\_\_\_
- Comforting tips: \_\_\_\_\_
- Daily routine: \_\_\_\_\_
- Special reminders or concerns: \_\_\_\_\_

## ADDITIONAL NOTES

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