

In Case of Emergency

Dial **911** in a life-threatening situation

Poison Control (800) 222-1222

Parent

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Parent

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Friend/Neighbor

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Fire Department

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Police Department

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School Office

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Local Emergency Room

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Doctor

.....

Dentist

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Health Insurance

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Child information

Full Name

.....

Full Name

.....

Birthday

.....

Birthday

.....

Weight as of (date)

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Weight as of (date)

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Medical conditions

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Medical conditions

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Allergies

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Allergies

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Notes

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Notes

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