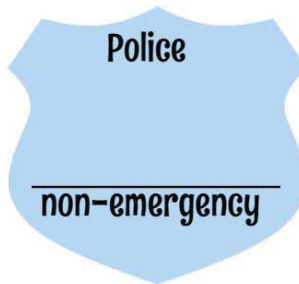


# Important numbers



Parent Name  
\_\_\_\_\_  
Parent work number  
\_\_\_\_\_  
Parent cell number  
\_\_\_\_\_  
Parent Name  
\_\_\_\_\_  
Parent work number  
\_\_\_\_\_  
Parent cell number  
\_\_\_\_\_

Poison  Control



Health  Hotline



Emergency Contact Name

\_\_\_\_\_  
home number  
\_\_\_\_\_  
cell number  
\_\_\_\_\_  
Emergency Contact #2  
\_\_\_\_\_  
home number  
\_\_\_\_\_  
cell number  
\_\_\_\_\_

In an emergency dial:  
**911**

Medical/Allergies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Doctor  
\_\_\_\_\_  
Health #  
\_\_\_\_\_

