

## 8. Kids LIFE 2018-2019

### Child Emergency Card

NAME \_\_\_\_\_ DOB \_\_\_\_\_

PARENT NAMES \_\_\_\_\_

CELL # \_\_\_\_\_ CELL # \_\_\_\_\_

WORK # \_\_\_\_\_ WORK # \_\_\_\_\_

CHILD'S PHYSICIAN \_\_\_\_\_ PREFERRED ER \_\_\_\_\_

ALLERGIES \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

DISEASES OR CONDITIONS \_\_\_\_\_