

**INFORMATION NEEDED BY EMERGENCY
CARE PROVIDERS (continued)**

Contacts:

◆ Parent Name(s)/Telephone Number(s):

◆ Emergency Contact (Name/Relationship/Telephone Number):

◆ Primary Health Care Provider/Telephone Number:

◆ Primary Hospital/Telephone Number/Address:

◆ Specialty Health Care Provider(s)/Telephone Number(s):

Any additional information about your child that you feel is important to note:
