Emergency Phone List for:

Name of client(s): _____

(To be completed by the parents/guardians)

Where we will be: _____

_____

Expected return time: _____

Phone Number: _____

Cell Phone Number: _____

Neighbor's Name: _____

Neighbor's Phone Number: _____

Neighbor's Location: _____

_____

Emergency Number: 911 other: _____

Our Home Address: _____

Our Fire Number (if applies): _____

Nearest landmark: _____

Children's Names: Children's Ages:

_____ _____

_____ _____

_____ _____

Allergies or Medications: _____

_____

Poison Control Centre: _____