



CAREGIVER EMERGENCY INFORMATION



bumble baby



In the event of an EMERGENCY call 911

Home Address: _____

Last Name: _____

Pediatrician's Number: _____ Dr. Name: _____

POISON CONTROL: 1-800-222-1222

Parent Name _____ Number _____

Parent Name _____ Number _____

Name & Relation to Child: _____

Phone Number: _____

Name & Relation to Child: _____

Phone Number: _____

Full Name: _____

Current Age & Weight: _____

Allergies & Reactions: _____

Tylenol Dose/ Time: _____

Motrin Dose/ Time: _____

Benadryl Dose/ Time: _____

Other Medications & Doses: _____

Full Name: _____

Current Age & Weight: _____

Allergies & Reactions: _____

Tylenol Dose/ Time: _____

Motrin Dose/ Time: _____

Benadryl Dose/ Time: _____

Other Medications & Doses: _____

Full Name: _____

Current Age & Weight: _____

Allergies & Reactions: _____

Tylenol Dose/ Time: _____

Motrin Dose/ Time: _____

Benadryl Dose/ Time: _____

Other Medications & Doses: _____

Full Name: _____

Current Age & Weight: _____

Allergies & Reactions: _____

Tylenol Dose/ Time: _____

Motrin Dose/ Time: _____

Benadryl Dose/ Time: _____

Other Medications & Doses: _____

Fire Extinguishers located: _____

Flashlights: _____

Medicine kit located: _____

Emergency Exits: _____

Notes: _____

home,
personal +
doctor

parent +
emergency
contacts

child
information

fire,
lights + exits

notes