

# EMERGENCY CONTACT SHEET

Call 10111 in case of any life-threatening emergency



Red Cross  
Poison Control:  
021 689-5227



Police:



Fire:

## Closest Emergency Room:

Number:  
Address:

## Doctor:

Number:  
Address:

## Child's Name:

Date of Birth:  
Weight: \_\_\_ as of (date) \_\_\_\_\_  
Medical Conditions:  
Allergies:  
Notes:

## Child's Name:

Date of Birth:  
Weight: \_\_\_ as of (date) \_\_\_\_\_  
Medical Conditions:  
Allergies:  
Notes:



## Home Address:

Nearest cross street:

Mom's name:  
Cellphone:

Dad's name:  
Cellphone:

## Additional Emergency Contact Numbers:

Name:  
Relationship to Child:  
Number:

Name:  
Relationship to Child:  
Number: