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IMPORTANT CHILDREN'S INFORMATION

Keep this information so those you designate to care for your children in your absence have all of the information they need. Complete, save, and print a copy per child in your household.

Child's Name:	
Date of Birth:	
Child's Cell Phone Number (if applicable):	
School Name:	
School Address:	
School Phone Number:	
Teacher's Name:	
Teacher's Phone Number and/or Email (if applicable):	
Classroom Number:	
Afterschool Program (if applicable):	
Afterschool Program Phone Number (if applicable):	
Other Camp/Sports/Program:	
Other Camp/Sports/Program Phone Number (if applicable):	
Allergies:	
Medical Conditions:	
Medications:	
Doctor's Phone Number:	
Doctor's Address:	
Health Insurance Info:	

THIS FILLABLE DOCUMENT CAN BE COMPLETED DIGITALLY VIA PDF VIEWER/EDITOR OR PRINTED AND COMPLETED WITH BLUE/BLACK INK.

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EMERGENCY NUMBERS AND IMPORTANT CONTACT INFORMATION

Keep this information in one place so that you and your family can access it easily.

EMERGENCY NUMBERS	
Immediate Emergency	911
Police Department	
Fire Department	
Poison Control	
FAMILY CONTACTS	
Mother/Parent/Guardian	
Home Phone	
Cell/Mobile Phone	
Work Address	
Work Phone	
Father/Parent/Guardian	
Home Phone	
Cell/Mobile Phone	
Work Address	
Work Phone	
Other Emergency Contact and Relationship	
Cell/Mobile Phone	
Other Emergency Contact and Relationship	
Cell/Mobile Phone	
Other Emergency Contact and Relationship	
Cell/Mobile Phone	

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MISCELLANEOUS CONTACTS	
Doctor	
Phone Number	
Health Insurance Company	
Policy Number	
Pediatrician	
Phone Number	
Health Insurance Company	
Policy Number	
Dentist	
Phone Number	
Dental Insurance Company	
Policy Number	
Consulate	
Address	
Phone Number	
Attorney/Nonprofit Legal Services Provider	
Address	
Phone Number	
Church/Temple/Mosque/Place of Worship	
Address	
Phone Number	

FILE OF IMPORTANT DOCUMENTS

Keep a file of these documents or a copy of these documents in a safe place.
Tell your children, family members, and emergency caregivers where to find this
file in an emergency.

☐ **PASSPORTS**

☐ **BIRTH CERTIFICATES**

☐ **MARRIAGE LICENSE (IF APPLICABLE)**

☐ **CAREGIVER'S AUTHORIZATION AFFIDAVIT**

☐ **ANY RESTRAINING ORDERS YOU MAY HAVE
AGAINST ANYONE (IF APPLICABLE)**

☐ **A-NUMBER AND ANY IMMIGRATION
DOCUMENTS (WORK PERMIT, GREEN CARD,
VISA, ETC.)**

☐ **DOCUMENTS DEMONSTRATING YOUR
RESIDENCE IN THE UNITED STATES AND
AMOUNT OF TIME YOU HAVE BEEN PHYSICALLY
PRESENT IN THE UNITED STATES**

☐ **DRIVER'S LICENSE AND/OR OTHER
IDENTIFICATION CARDS**

☐ **SOCIAL SECURITY CARD OR ITIN NUMBER**

☐ **REGISTRY OF BIRTH (FOR U.S. BORN
CHILDREN REGISTERED IN PARENT'S HOME
COUNTRY) (IF APPLICABLE)**

☐ **IMPORTANT CHILDREN'S INFORMATION**

☐ **EMERGENCY NUMBERS AND IMPORTANT
CONTACT INFORMATION**

☐ **CHILDREN(S)' MEDICAL INFORMATION,
INCLUDING HEALTH INSURANCE, MEDICATION
LIST, AND DOCTOR'S CONTACT INFORMATION**

☐ **ANY OTHER DOCUMENTS YOU WOULD WANT
TO BE ABLE TO FIND QUICKLY**