

My Child's Emergency Contact Sheet

Name:	Date of Birth:
Home Address:	Phone:
	Alternate phone:

Parents & Emergency Contact Information

Parent/Guardian 1:	Cell:
Home Address:	Work / Home Phone:
	E-mail:

Parent/Guardian 2:	Cell:
Home Address:	Work / Home Phone:
	E-mail:

Emergency contact #1:	Phone:
Emergency contact #2:	Phone:

Allergies: Medications/Food/Other

Physicians/providers

Clinic name:	Phone:
Primary care provider:	Phone/direct/nurses' line:
Secondary/specialist:	Phone:

Other relevant information

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Medication / Supplement list

	Name / Brand / Generic	Dose	Timing	Reason for taking	Notes
<input type="checkbox"/>	<i>Example: "Children's Probiotic"</i>	<i>1/4 tsp oral</i>	<i>once daily</i>	<i>eczema</i>	<i>Mix with applesauce.</i>
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Appointment log

Date	Provider	Reason seen / other notes	Next appointment

Lab work / tests / procedures

Date	Test / procedure	Result	Comments

Insurance information

Patient Name:	Date of Birth:
Address:	Phone Number of insured: Cell: Home: Work:
Primary Insurance Company:	Policy Number:
Name of Insured:	Insured's DOB:
Insured's Relationship to Patient:	Group Number:
Send Claim To:	Deductible: Individual: Family:
Insured's Employer (if relevant)	
Is prior authorization needed? Yes No	
Insurance phone / customer service / other contact	
Policy Notes. (Deductible, case manager, etc.)	

Specialists:

Clinic name:	Phone:
Provider name:	Specialty:
Seen for:	

Clinic name:	Phone:
Provider name:	Specialty:
Seen for:	

Clinic name:	Phone:
Provider name:	Specialty:
Seen for:	

Clinic name:	Phone:
Provider name:	Specialty:
Seen for:	

Clinic name:	Phone:
Provider name:	Specialty:
Seen for:	

Notes

A series of horizontal dotted lines for writing notes.