

# PHONE LIST

Children's Name(s) and Ages: \_\_\_\_\_

Name(s) of Parent(s)/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

Nearest Intersection: \_\_\_\_\_

Where Parents will be: \_\_\_\_\_ Phone: \_\_\_\_\_

When Parents will return: \_\_\_\_\_

Name and address of Person to call if you cannot reach parents: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

What the Children can eat and drink: \_\_\_\_\_

Allergies/Medical Conditions or Medications of each child:

BEDTIME IS: \_\_\_\_\_

Before Bed, the children should: \_\_\_\_\_

Other instructions: \_\_\_\_\_

Other Emergency Contacts:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance : \_\_\_\_\_ Policy Number: \_\_\_\_\_

Police: \_\_\_\_\_ Poison Control: \_\_\_\_\_ Taxi: \_\_\_\_\_

Rescue Squad: \_\_\_\_\_

Neighbor/Local Relatives: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_