

GBS EMERGENCY CARD

Child's Name	_____	Child's Birthday	_____
Address	_____	Home Phone #	_____
Father's Name	_____	Work Phone #	_____
Email :	_____	Cell. Phone #	_____
Mother's Name	_____	Work Phone #	_____
Email:	_____	Cell. Phone #	_____
Emergency Name	_____	Work Phone #	_____
Email:	_____	Cell. Phone #	_____
Emergency Person's Address	_____		
Family Dr's Name	_____	Phone #	_____
Child's Allergies	_____		
Action to be taken for an allergic reaction	_____		
Person(s) allowed to pick up your child	_____		
Person(s) Not allowed to pick up your child	_____		

GBS EMERGENCY CARD

Child's Name	_____	Child's Birthday	_____
Address	_____	Home Phone #	_____
Father's Name	_____	Work Phone #	_____
Email :	_____	Cell. Phone #	_____
Mother's Name	_____	Work Phone #	_____
Email:	_____	Cell. Phone #	_____
Emergency Name	_____	Work Phone #	_____
Email:	_____	Cell. Phone #	_____
Emergency Person's Address	_____		
Family Dr's Name	_____	Phone #	_____
Child's Allergies	_____		
Action to be taken for an allergic reaction	_____		
Person(s) allowed to pick up your child	_____		
Person(s) Not allowed to pick up your child	_____		