

# Baby's Emergency Care Card

Baby's Full Name: \_\_\_\_\_

Baby's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Father's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact (other than mother or father): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Baby's Physician: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ After Hours On Call Phone: \_\_\_\_\_

Baby's Healthcare Information (allergies, medical conditions, medications, etc.)

Health Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_