

# BACKPACK EMERGENCY CARD

It is important to have your emergency contact information with you in case of an emergency. Complete the cards below and keep one in your wallet and one in your child's backpack.

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## BACKPACK EMERGENCY CARD

Child's Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 School Name: \_\_\_\_\_  
 School Phone Number: \_\_\_\_\_  
 Special needs, medical conditions, allergies, important information:  
 \_\_\_\_\_  
 \_\_\_\_\_



DIAL 911 FOR EMERGENCIES

### Parent/Guardian/Caregiver

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Text Okay: Yes  No  Employer: \_\_\_\_\_  
 Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Text Okay: Yes  No  Employer: \_\_\_\_\_

### Out of Town Contact

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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## BACKPACK EMERGENCY CARD

Child's Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 School Name: \_\_\_\_\_  
 School Phone Number: \_\_\_\_\_  
 Special needs, medical conditions, allergies, important information:  
 \_\_\_\_\_  
 \_\_\_\_\_



DIAL 911 FOR EMERGENCIES

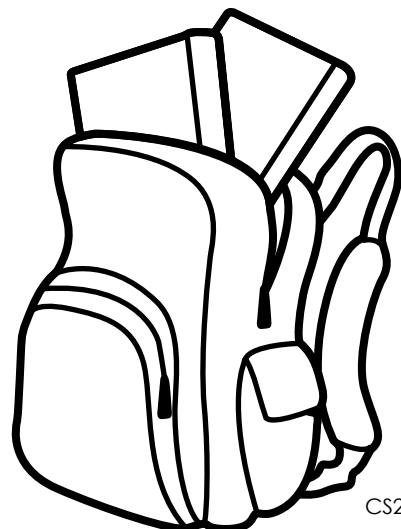
### Parent/Guardian/Caregiver

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Text Okay: Yes  No  Employer: \_\_\_\_\_  
 Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Text Okay: Yes  No  Employer: \_\_\_\_\_

### Out of Town Contact

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

DIAL 911 FOR EMERGENCIES



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U.S. Department of  
 Health and Human Services  
 Centers for Disease  
 Control and Prevention