

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.

Cut Here

Fold Here

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

Cut Here

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Child's Name: _____
Date of Birth: _____
Home Phone: _____ Cell Phone: _____
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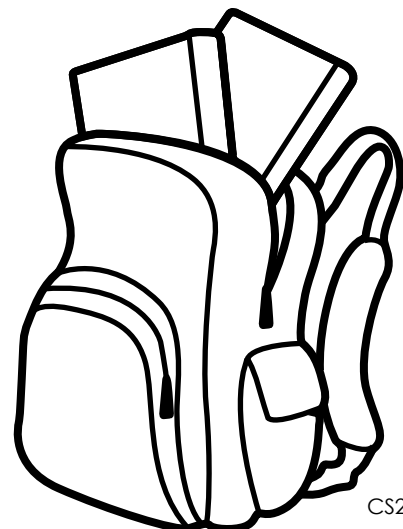
Parent/Guardian/Caregiver

Name: _____ E-mail: _____
Cell Phone: _____ Alternate Phone: _____
Text Okay: Yes ☐ No ☐ Employer: _____
Name: _____ E-mail: _____
Cell Phone: _____ Alternate Phone: _____
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Out of Town Contact

Name: _____ E-mail: _____
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DIAL 911 FOR EMERGENCIES



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

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