

# BACKPACK emergency card

DIAL 9-1-1 FOR EMERGENCIES

**BACKPACK EMERGENCY CARD**

**NAME** \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Home address \_\_\_\_\_  
\_\_\_\_\_  
**Special needs, medical conditions, allergies:**  
\_\_\_\_\_  
\_\_\_\_\_

School \_\_\_\_\_  
Teacher \_\_\_\_\_  
School phone \_\_\_\_\_

**Emergency Contacts**

Contact #1 Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Cell phone \_\_\_\_\_

Contact #2 Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Emergency pickup address \_\_\_\_\_  
\_\_\_\_\_

Pediatrician Name \_\_\_\_\_  
Pediatrician Phone \_\_\_\_\_

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Date of birth \_\_\_\_\_  
Home address \_\_\_\_\_  
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**Special needs, medical conditions, allergies:**  
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**Emergency Contacts**

Contact #1 Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Cell phone \_\_\_\_\_

Contact #2 Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Emergency pickup address \_\_\_\_\_  
\_\_\_\_\_

Pediatrician Name \_\_\_\_\_  
Pediatrician Phone \_\_\_\_\_

## How to use:

1. Fill out the card(s)
2. Cut along the dotted line
3. Fold along the yellow lines to fit in backpack or wallet

