

CHILD SAFETY INFORMATION GUIDE

Created to help caregivers respond quickly and confidently in an emergency.



CHILD INFORMATION

Name: _____

Nickname / Goes By: _____

Date of Birth: _____ Age: _____

Address: _____

Cross Street: _____

EMERGENCY

Call 911

Address for Emergency Services: _____



PARENT & EMERGENCY CONTACTS

Parent / Guardian: _____

Phone Number: _____

Secondary Contact: _____

Phone Number: _____

Additional Contact: _____

Phone Number: _____



EMERGENCY SERVICES

Poison Control: _____

Local Police: _____

Preferred Hospital: _____

1. _____

2. _____



EMERGENCY SERVICES

Pediatrician: _____



MEDICAL INFORMATION

Allergies: _____

Symptoms When Exposed: _____

Known Medical Conditions: _____

Medications: _____



ADDITIONAL NOTES AND INSTRUCTIONS

CALM RESPONSE CHECKLIST

- ☐ Assess the situation.
- ☐ Call **9-1-1** if the child is unresponsive, seriously injured, or not breathing.
- ☐ Follow the emergency instructions provided by the parent.
- ☐ Locate emergency medications if needed (EpiPen, inhaler, etc.).
- ☐ Stay with the child and keep them comfortable until help arrives.

*Preparedness brings confidence.
a calm response makes all the difference.*

