## FAMILY MEDICAL FORM- Kids LEARN YOUR ADDRESS!

Include information for each person residing in your home. Hang this paper in a private but easily accessible spot, like the inside of a lower cabinet or the inside of a hall closet door - a place children know and can easily reach if needed. Role-play calling 9-1-1.

## In an emergency - Call 9-1-1 and do not hang up until instructed!

OUR ADDRESS:			
NEIGHBOR Name and Phone:			
(date completed) \( \text{Che}	eck here if you are using the	back for additional info	
Name:	D.O.B.	Blood Type	
Allergies:			
History/Medications:			
Doctor/Doctor's Phone:	Doctor/Doctor's Ph	Doctor/Doctor's Phone:	
Name:	D.O.B.	Blood Type	
Allergies:			
History/Medications:			
Doctor/Doctor's Phone:	Doctor/Doctor's Ph	Doctor/Doctor's Phone:	
Name:	D.O.B.	Blood Type	
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History/Medications:			
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Name:	D.O.B.	Blood Type	
Allergies:			
History/Medications:			
Doctor/Doctor's Phone:	Doctor/Doctor's Ph	Doctor/Doctor's Phone:	
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Name & Phone	Na	Name & Phone	