



MEDICAL EMERGENCY INFORMATION

Regular doctor (name and address):	Phone:
Emergency clinic (name and address):	Phone:
Neighbor or friend:	Phone:
We give you permission to authorize emergency medical care for our child(ren) as deemed necessary by a physician, and we will be responsible for full payment of such care. YES NO CALL US FIRST	
Signature:	

HOME EMERGENCY INFORMATION

Here's information you'll need in case you notice a break-in, fire, gas odor, flood, or electrical problem:	
Police department:	911
Fire department:	Phone:
Our name and address:	Phone:
Nearest intersection:	
Gas company:	Phone:
Location of gas shut-off valve:	
Water company:	Phone:
Location of water shut-off valve:	
Electric company:	Phone:
Location of electrical breaker box:	
We give you permission to authorize emergency work if necessary to prevent damage, and we will be responsible for full payment of such work. YES NO CALL US FIRST	
Signature:	

