

Replacement Emergency Information Form

Print this page and trim along the border below. Fill out and fold into eighths before inserting into the pocket on the car seat back.

Emergency Information For Child

Child Passenger Information:

Name: _____

Date of birth: _____

Male / Female Eye color: _____

Hair color: _____

Known medical allergies (ie. penicillin, latex, etc.): _____

Known medical conditions (ie. asthma, etc.): _____

Known medications: _____

Known food allergies (ie. peanuts, strawberries, etc.): _____

Additional information: _____

Emergency Contact Information:

Name: _____ Tel 1: (____) _____ Tel 2: (____) _____

Name: _____ Tel 1: (____) _____ Tel 2: (____) _____

Pediatrician: _____ Tel 1: (____) _____

Emergency Information For Child

ATTN: EMT or Attending Care-giver

The information above is intended only to provide additional specifics about the child. This information should NOT dictate or influence procedures for any required medical attention.

Parent: Please enclose recent photo of your child.
For additional copies of this form, visit www.skjp.com