EMERGENCY CONTACT INFORMATION

Child: _____ Effective Date: _____

Please provide us with contact information to use in the event of an emergency:

Resource	Name(s)	Address & Phone Number(s)
Parent/ Guardian		
Primary Care Physician/ Other		
Dentist		
Emergency Medical Resources	McKenzie-Willamette Hospital 726-4400 Emergency Dept. 726-4444	
	Sacred Heart Medical Center at Riverbend 222-7300 Emergency Dept. 222-6931	

Special Instructions/Medical Emergency Issues Please include allergies and/or other important medical information.