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** **Emergency Dept. 541-726-4444**	**541-726-4400**
	Sacred Heart Medical Center at Riverbend **Emergency Dept. 541-222-6931**	**541-222-7300**

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