

Family Information Cards

Child's Name: Age (Birthday): Weight:	Parent or Guardian Name: Parent or Guardian Name:
Address:	Nearest Cross Street:
Phone Number Where Parent or Guardian Will Be:	Phone Number:
Neighbor's Name: Neighbor's Phone Number:	Cell or Pager Phone Number:
Doctor's Name: Doctor's Phone Number:	Local Emergency Phone Number:
Poison Control Center: (800) 222-1222	Evacuation Location: Emergency Contact:

Child's Name: Age (Birthday): Weight:	Parent or Guardian Name: Parent or Guardian Name:
Address:	Nearest Cross Street:
Phone Number Where Parent or Guardian Will Be:	Phone Number:
Neighbor's Name: Neighbor's Phone Number:	Cell or Pager Phone Number:
Doctor's Name: Doctor's Phone Number:	Local Emergency Phone Number:
Poison Control Center: (800) 222-1222	Evacuation Location: Emergency Contact:

Provided by:
 American Red Cross Serving King, Kitsap & north Mason Counties

 1900 25th Avenue South
 PO Box 3097
 Seattle, WA 98114-3097
 (206) 323-2345

811 Pacific Avenue
 PO Box 499
 Bremerton, WA 98337
 (360) 377-3761

www.seattlredcross.org