

## Emergency Info

Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Notes: \_\_\_\_\_

## DAY BACKPACK - QUICK CHECK

Water • Electrolyte sticks

Snacks • Wipes

Diapers/Pad

Change of clothes (per kid)

First-aid

Stickers/Crayons • ID pouch