# 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**<br>**Emergency Dept. 726-4444** | |
| | **Sacred Heart Medical Center at Riverbend 222-7300**<br>**Emergency Dept. 222-6931** | |

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