



**Boston CPR Partners**  
Better CPR by Boston's Best

## **Family Emergency Information**

**In The Event Of An Emergency CALL 911**

**Parent 1 ~**

Cell Phone:  
Work Phone:  
Place of Work:

**Parent 2 ~**

Cell Phone:  
Work Phone:  
Place of Work:

**Emergency Contact 1 ~**

Relationship To Children:  
Best Phone:

**Emergency Contact 2 ~**

Relationship To Children:  
Best Phone:

**Home Address:**

**Identifying Home Features:**

**Children's Information:**

**Child #1**

Name:  
Age:  
Medical Conditions:  
Allergies:  
Current Medications:  
Medical Providers & Specialists:

**Child #2**

Name:

Age:

Medical Conditions:

Allergies:

Current Medications:

Medical Providers & Specialists:

**Child #3**

Name:

Age:

Medical Conditions:

Allergies:

Current Medications:

Medical Providers & Specialists:

**Child #4**

Name:

Age:

Medical Conditions:

Allergies:

Current Medications:

Medical Providers & Specialists:

**Additional Information ~**

**House Pets:**

**Calming Techniques for Each Child:**

Name:

Calming Techniques-

Name:

Calming Techniques-

Name:

Calming Techniques-

Name:  
Calming Techniques-

**Wifi Network:**  
**Wifi Password:**

**IPad #1 Password:**

**IPad #2 Password:**

**Other Passwords:**

**Additional Information:**