

EMERGENCY INFO



 Ambulance	 Police	 Fire brigade	 Tox Info Suisse
144	117	118	145

PARENT CONTACT DETAILS

Mother _____	Father _____
Mobile _____	Mobile _____
Work phone _____	Work phone _____
Email _____	Email _____

CHILDREN

Name _____	Name _____	Name _____
Age _____	Age _____	Age _____
Health info _____	Health info _____	Health info _____
_____	_____	_____
_____	_____	_____

PAEDIATRICIAN

Name _____
Phone _____
Address _____

FAMILY DOCTOR

Name _____
Phone _____
Address _____

HOME INFORMATION

Address _____	Where? First aid kit _____
_____	Where? Medications _____
Next bigger street/crossing _____	Where? Other _____
_____	_____

OTHER

HEALTH INSURANCE

Name of insurance _____
Phone _____
Policy number _____
Other _____