



Strong Family Health Center
1203 Oak St.
Alturas CA. 96101

Date: _____

Emergency Contact and Allergies

Please fill out one form per child and list any food, insect, asthma, or medication allergies that each child has. If the child has no allergies please write "None". For questions or concerns please contact Melissa Channell or Rosa George at (530) 233-4591.

Child's Name: _____ Birth Date: _____

Allergies (medicine/food): _____

Reaction: _____

Current Medications: _____

PARENT/GUARDIAN #1

Name: _____ Home Phone: _____

Cell Phone: _____

Work Phone: _____

PARENT/GUARDIAN #2:

Name: _____ Cell Phone: _____

Work Phone: _____

(At least one other emergency contact is required)

EMERGENCY CONTACT #1:

Name: _____ Relationship to child: _____ Phone: _____

Address: _____

EMERGENCY CONTACT #2:

Name: _____ Relationship to child: _____ Phone: _____

Address: _____