



The Special Needs Emergency Checklist

*(A just-in-case list for caregivers and
individuals with special needs
from Care.com)*

Full Names:

Special Health Concerns: (Medications, conditions, etc.)

Emergency Contact Information:

1. (Name / Relationship) _____
(Phone) _____

2. (Name / Relationship) _____
(Phone) _____

3. (Name / Relationship) _____
(Phone) _____

Insurance Information:

Doctor's Information:

Nearest Hospital:

Local Poison Control:

Fire Department:

Police Station:

Any Additional Instructions:



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