

# WHO-I-AM™ EMERGENCY INFORMATION CARD



PLACE YOUR CHILD'S  
STRAIGHT-ON FRONT VIEW  
(HEAD AND SHOULDERS)  
PHOTOGRAPH HERE

CHILD'S NAME

HOME ADDRESS

HEIGHT (IN)

WEIGHT (LBS)

DATE OF BIRTH

BLOOD TYPE

HAIR COLOR

EYE COLOR

RACE

EMERGENCY PHONE & CONTACT

EMERGENCY PHONE & CONTACT



PLACE YOUR CHILD'S  
PROFILE SIDE VIEW  
(HEAD AND SHOULDERS)  
PHOTOGRAPH HERE

IDENTIFYING MARKS (Birthmarks, Scars, Prosthetics, etc.)

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GLASSES    CONTACTS    DENTAL BRACES    PIERCED EARS

OTHER PHYSICAL CHARACTERISTICS OR DISABILITIES

CHRONIC MEDICAL CONDITIONS OR ALLERGIES

In the event of an emergency, I hereby give the doctor and/or hospital, as selected by the holder of this card, my permission to treat, hospitalize, and order injections, medications, and anesthesia as necessary for the child named on the reverse side of which I am the legal guardian.

GUARDIAN'S  
SIGNATURE:



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