



Baby Safe
TRAINING



IN CASE OF EMERGENCY

CALL 999

My Name	
My Date of Birth	
Do I have any allergies? Which ones?	
Do I take any regular medications? If so which ones?	
My Address	
My Home telephone number	
Mum's mobile number	
Dad's Mobile number	
Grandparent's telephone numbers	
Grandparent's address	
Aunt/Uncle details	
Trusted Neighbour details	