







<b>CHAD: Children Have An iDentity</b>				
CHILDS NAME	NICK NAME		DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP	
MOTHER'S NAME	(H) PHONE		(W) PHONE	
FATHER'S NAME	(H) PHONE		(W) PHONE	
CHILD'S PHYSICIAN			PHONE	
EMERGENCY CONTACT (NOT A PARENT)			PHONE	
MEDICATIONS & ALLERGIES				
SPECIAL NEEDS				
				Acton EMS



Be sure to place the sticker so someone outside the car cannot see the information.

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