



Pediatric and Adolescent Center
of Grand Prairie & Arlington



*Committed to children's growth, health,
and development.*

Caregiver Reference Sheet

(Complete form and save for future use)

Child's Name: _____ DOB: _____

Food Allergies: _____

Medication Allergies: _____

Medications: _____

Medical Problems: _____

Pediatrician: _____ Phone #: _____

Mom: _____ Cell #: _____ Work #: _____

Dad: _____ Cell #: _____ Work #: _____

Other Contacts:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Special Instructions: _____

In the event of a hurt or sick child, please use the following to assist you with treatment:

- 1. If it is a life threatening problem—call 911.**
- 2. Keep this form with you at all times until the child has received treatment.**
- 3. Call the pediatrician or go to the closest emergency room.**

POISON CONTROL: 1-800-222-1222