

NAVY CYP EMERGENCY ACTION PLAN

CHILD'S INFORMATION

Child's Name	DOB	Place Child's Photo Here
Parent/Guardian Name	Home Phone	
Parent/Guardian Name	Cell Phone	
Emergency Phone Contact #1 Name	Contact #1 Phone	Contact #1 Additional Phone
Emergency Phone Contact #2 Name	Contact #2 Phone	Contact #2 Additional Phone

CHILD'S NEEDS (please describe)

Allergies	Asthma	Other
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