



Cedarburg Fire Department

W61 N631 Mequon Ave • PO Box 327 • Cedarburg, WI 53012
Station – (262)375-7630 • Fax – (262)375-9203

CHILD ALERT QUESTIONNAIRE

Child's Name: _____ Date of Birth: _____

Child's Home Address: _____

Child's Medical Conditions: _____

Child's Medications: _____

Child's Medication Allergies: _____

Parent/Guardian #1

Name: _____ Parent/Guardian Type: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Address: _____

Parent/Guardian #2

Name: _____ Parent/Guardian Type: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Address: _____

Other places your child may be, i.e Schools or Daycare: _____

Preferred Hospital: _____

Physician's Name: _____ Physician's Phone: _____

Suggested Treatment from Child's Physician (attach letter): _____

Parent/Guardian Name: _____ Signature: _____

Date Form Submitted/Updated: _____