2024 CDC/SGH#:13577

**Arizona Department of Health Services**

**Bureau of Child Care Licensing**

**Emergency, Information and Immunization Record Card**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Name:** | | | **Date Enrolled:** | Updated: | | | | | |
| **Home Address (#, Street, City, State, Zip Code):** | | |  | **Date Disenrolled:** | | | | | |
| **Home Phone:** | | | **Date of Birth**: | **Sex:** |  | **male** |  | **female** | |
|  |  |
| **Parent or Guardian** **Name**: | **Home Address (#, Street, City, State, Zip Code):** | | | | | | |
| Cell Phone (optional): | **Contact Telephone Number:**  **Email:** | | | | | | |
|  |  | | | | | | |
| **Parent or Guardian** **Name**: | **Home Address (#, Street, City, State, Zip Code):** | | | | | | |
| Cell Phone (optional): | **Contact Telephone Number:**  **Email:** | | | | | | |

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:**

**(Pursuant to R9-5-304.B, at least two contact persons are required.) (MUST LIST 2 ADULTS)**

|  |  |
| --- | --- |
| **Name**: | **Contact Telephone Number**: |
| **Name**: | **Contact Telephone Number**: |
| Name: | Contact Telephone Number: |
| Name: | Contact Telephone Number: |

If Medical care is necessary, call:

|  |  |  |
| --- | --- | --- |
| **Health Care Provider\*** | **Name**: | **Contact Telephone Number**: |

\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

|  |  |
| --- | --- |
| **In case of injury or sudden illness, I request that this individual be called first:** |  |

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional):\_\_\_\_\_\_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to: [**www.azdhs.gov/phs/immun/index.htm**](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Copy of current official documented immunization record attached | | | | |
|  |  |  | Religious Beliefs exemption form signed by parent/guardian attached | | | | |
|  |  |  | Medical Exemption form signed by physician and parent/guardian attached | | | | |
|  |  |  | Signed Laboratory Proof of Immunity form attached | | | | |
| Notification of immunizations needed sent to Parent(s) or Guardian(s): | | | | | mo /day/ yr | mo /day/ yr | mo /day /yr |
| Updated immunizations received and attached: | | | | | mo /day/ yr | mo /day/ yr | mo /day /yr |

**Medical Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is child allergic to food or other substances?  **If yes**, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction oc |  | **No** s: |  | **Yes** |
| cur |  |
| Is child usually susceptible to infections and if so, what precautions need to be taken? **If yes**, list precautions: |  | **No** |  | **Yes** |
|  |  |
| Is child subject to convulsions and what should be our procedure if one occurs? **If yes**, specify procedure: |  | **No** |  | **Yes** |
|  |  |
| Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? **If yes**, list precautions: |  | **No** |  | **Yes** |
|  |  |
| Additional comments: | | |  | |
| Other special instructions: | | | | |

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

|  |  |  |
| --- | --- | --- |
| **Parent/Guardian PRINTED Name**: | **SIGNED Name**: | **DATE:** |

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