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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