Child's Emergency Information (Required Form)

Child Care Regulation 32 requires every licensee to maintain a portable record of emergency information for each child attending the facility.

Date: _____/_______/______
Year Month Day

Child's Name: ____________________________________

Date of Birth: _____/_______/_______
Year Month Day

Parent/Guardian Name: ___________________________
Address: ____
Postal Code: ______________________________________
Home Phone: ______________________________________
Business Phone: ___________________________________
Cell Phone: _______________________________________
Email: ____

Parent/Guardian Name: ___________________________
Address: ____
Postal Code: ______________________________________
Home Phone: ______________________________________
Business Phone: ___________________________________
Cell Phone: _______________________________________
Email: ____

Two other persons to contact in case of emergency:

1. Name: ______________________________________
   Relationship: ________________________________
   Home phone: ________________________________
   Business phone: _____________________________
   Cell phone: _________________________________
   Email: ______________________________________

2. Name: ______________________________________
   Relationship: ________________________________
   Home phone: ________________________________
   Business phone: _____________________________
   Cell phone: _________________________________
   Email: ______________________________________

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   Business phone: _____________________________
   Cell phone: _________________________________
   Email: ______________________________________

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Check (✓) any of the following illnesses which the child has had:

☐ Asthma	☐ Earaches	☐ Measles (red)	☐ Tonsillitis
☐ Bronchitis	☐ Eczema	☐ Mumps	☐ Whooping cough
☐ Chickenpox	☐ Frequent colds	☐ Pneumonia	☐ Other: ______________
☐ Convulsions	☐ Influenza	☐ Polio	________________________
☐ Croup	☐ Injuries	☐ Rheumatic fever	________________________
☐ Diphtheria	☐ Measles (German)	☐ Scarlet fever	________________________

List all known allergies:

Drug: ___________________________ **Food:** ___________________________ **Other:** ___________________________

List all medications taken on a regular basis:____

List all known medical conditions: ____

List any concerns/limitations in regard to this child's medical treatment: _______________________________________

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