Child's Emergency Information (Required Form)

emergency information for each child attending the fac	cility. Year Month Da
Child's Name:	Date of Birth:/
	Year Month Day
Parent/Guardian Name:	Parent/Guardian Name:
Address:	Address:
Postal Code:	
Home Phone:	Home Phone:
Business Phone:	Business Phone:
Cell Phone:	Cell Phone:
Email:	
Two other persons to contact in case of emergency:	
1. Name:	2. Name:
Relationship:	Relationship:
Home phone:	Home phone:
Business phone:	Business phone:
Cell phone:	Cell phone:
Email:	Email:
Child's Emergency Inform	ation (Required Form) intain a portable record of Date://
Child's Emergency Inform Child Care Regulation 32 requires every licensee to mail emergency information for each child attending the fac	ation (Required Form) intain a portable record of Date://
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Saskatchewan

Check (√) any of the fo	ollowing illnesses which the child	l has had:				
☐ Asthma	☐ Earaches	☐ Measles (red)		☐ Tonsillitis		
☐ Bronchitis	☐ Eczema	☐ Mumps		\square Whooping cough		
☐ Chickenpox	☐ Frequent colds	☐ Pneumonia		☐ Other:		
☐ Convulsions	☐ Influenza	☐ Polio				
☐ Croup	\square Injuries	☐ Rheumatic fever				
\square Diphtheria	☐ Measles (German)	☐ Scarlet fever				
List all known allergies	3:					
Drug:			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:						
	· 			· 		
Check (√) any of the fo	ollowing illnesses which the child	l has had:				
☐ Asthma	☐ Earaches	☐ Measles (red)		☐ Tonsillitis		
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List all known allergies	::					
Drug:	Food:	-	Other: _			
List all medications tak	en on a regular basis:					
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List any concerns/limit	ations in regard to this child's me	dical treatment:				