

Child's Emergency Information (Required Form)

Child Care Regulation 31 requires every licensee to maintain a portable record of emergency information for each child attending the facility.

record of emergency intormed	on for cam and describing the for	ancy		re	ai Manni	Day							
Child's name:			Personal Health	Number:									
Date of Birth: / / Year Month Day Mother's name: Address: Postal Code: Home phone:			Group Medical Services or										
			Medical Services Incorporated Number:										
			Father's name:										
			Address:Postal Code:										
							Business phone:			Business phone:			
							Cell phone:			Cell phone:			
Two other persons to contact	in case of emergency:		cen priorier			***************************************							
1. Name:		2	2. Name:										
Relationship:			Relationship:										
Home phone:			Home phone:										
				none:									
Cell phone:													
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Physician's name:				Phone:									
Address:													
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1150 Rev. 02/2014													
Check (✓) any of the following	illnesses which the child has had:												
☐ Asthma	☐ Earaches	☐ Measles (red)		☐ Tonsillitis									
☐ Bronchitis	☐ Eczema	☐ Mumps		☐ Whooping cough									
☐ Chicken pox	☐ Frequent colds	☐ Pneumonia ☐ Polio		Other									
☐ Convulsions	☐ Influenza			The state of the s									
☐ Croup			atic fever										
☐ Diphtheria	☐ Measles (German)	☐ Scarlet	fever										
List all known allergies:													
Drug	Food			Other									
						Acres of Arrest Charles or regards and a state of							
List all medications taken on a r	regular basis:												
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Water and the second se													
List all known medical condition	ns:												
List any concerns/limitations in	regards to this child's medical trea	itment:											
mar and according to the second of													
Water Street County Street Str													