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: _____

Personal Health Number: _____

Insurance Provider Name: _____

Member or Policy Number: _____

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: _____

Physician's name: _____ Phone: _____

Address: _____

(over)

7790 EY 07/2020

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

- ☐ Asthma
- ☐ Bronchitis
- ☐ Chicken pox
- ☐ Convulsions
- ☐ Croup
- ☐ Diphtheria
- ☐ Earaches
- ☐ Eczema
- ☐ Frequent colds
- ☐ Influenza
- ☐ Injuries
- ☐ Measles (German)
- ☐ Measles (red)
- ☐ Mumps
- ☐ Pneumonia
- ☐ Polio
- ☐ Rheumatic fever
- ☐ Scarlet fever
- ☐ Tonsillitis
- ☐ Whooping cough
- ☐ Other _____

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 regards to this child's medical treatment:

_____

_____

_____