# 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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