

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: _____

Parent/Guardian Name: _____

Address: _____

Address: _____

Postal Code: _____

Postal Code: _____

Home Phone: _____

Home Phone: _____

Business Phone: _____

Business Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

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: _____

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

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Earaches | <input type="checkbox"/> Measles (red) | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Eczema | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping cough |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Influenza | <input type="checkbox"/> Polio | _____ |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Injuries | <input type="checkbox"/> Rheumatic fever | _____ |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles (German) | <input type="checkbox"/> 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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