



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.

Date : _____ / _____ / _____
Year Month Day

Child's name: _____

Date of Birth: _____ / _____ / _____
Year Month Day

Mother's name: _____

Address: _____

Postal Code _____

Home phone: _____

Business phone: _____

Two other persons to contact in case of emergency:

1. Name: _____

Relationship: _____

Home phone: _____

Business phone: _____

Personal Health Number: _____

Group Medical Services or

Medical Services Incorporated Number _____

Father's name: _____

Address: _____

Postal Code _____

Home phone: _____

Business phone: _____

2. Name: _____

Relationship: _____

Home phone: _____

Business phone: _____

Physician's name: _____ Phone: _____

Address: _____

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"/> Chicken pox | <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 regards to this child's medical treatment:
