

CHILD'S EMERGENCY INFORMATION SHEET:

(Please print clearly. Let us know immediately when information changes.)

CHILD'S NAME	
Date of Birth	Day Month Year
Home Address	
City & Postal Code	
Telephone #	
Home E-Mail	
Allergies	
Medical Conditions	
EIPEN	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide for day care prior to start date.

DOCTOR'S NAME	
Address	
City & Postal Code	
Telephone #	

PARENT/GUARDIAN 1	
Employer	
Address	
City & Postal Code	
Position / Dept.	
Telephone #, Ext.	
Cell / Pager #	
E-Mail	

PARENT/GUARDIAN 2	
Employer	
Address	
City & Postal Code	
Position / Dept.	
Telephone #, Ext.	
Cell / Pager #	
E-Mail	

EMERGENCY CONTACT	
Relationship	
Full Address	
Telephone #	