

Portable Emergency Record

DATE OF ENROLLMENT _____ FIRST DAY ATTEND IN _____

CHILD'S NAME(FIRST) _____ (MIDDLE) _____ (SURNAME) _____

BIRTHDATE _____ M/F

ADDRESS _____ POSTAL CODE _____

NAME		
RELATIONSHIP		
HOME ADDRESS		
POSTAL CODE		
E-MAIL		
CELL PHONE		
HOME PHONE		
BUSINESS PHONE		
NAME OF BUSINESS		

EMERGENCY CONTACTS

NAME		
RELATIONSHIP		
HOME ADDRESS		
POSTAL CODE		
E-MAIL		
CELL PHONE		
HOME PHONE		
BUSINESS PHONE		
NAME OF BUSINESS		

INDIVIDUALS **NOT ALLOWED** ACCESS TO CHILD

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INDIVIDUALS PERMITTED FULL ACCESS TO CHILD

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HEALTH INFORMATION

ALLERGIES	
FOOD RESTRICTION	
MEDICAL CONDITION	
ON GOING MEDICATION	
IS CHILD'S IMMUNIZATIONS UP TO DATE?	YES/NO

PARENT'S SIGNATURE _____ DATE _____

UPDATED ON _____