

# PORTABLE EMERGENCY INFORMATION RECORD

## GENERAL INFORMATION

CHILD'S NAME:	
DATE OF BIRTH:	
PHYSICAL ADDRESS:	
PARENT NAME:	
PARENT ADDRESS:	PHONE #:

## PLACE WHERE PARENTS CAN BE REACHED

NAME:	PHONE #:
ADDRESS:	
NAME:	PHONE #:
ADDRESS:	
NAME:	PHONE #:
ADDRESS:	

## EMERGENCY CONTACT OTHER THAN PARENTS

**MUST BE WITHIN 30 MINS OF CENTRE**

NAME:	PHONE #:
PHYSICAL ADDRESS:	

## OTHER HEALTH INFORMATION

PHYSICIAN:	PHONE #:
ALLERGIES:	
ONGOING MEDICATION	IS CHILD'S IMMUNIZATIONS UP TO DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO