

ONE PER CHILD

PORTABLE EMERGENCY INFORMATION RECORD

GENERAL INFORMATION	
CHILD'S NAME:	
DATE OF BIRTH:	
PARENT NAME:	
PARENT NAME:	

WHERE PARENTS CAN BE REACHED	
NAME:	PHONE #:
NAME:	PHONE #:
NAME:	PHONE #:

EMERGENCY CONTACT OTHER THAN PARENTS	
MUST BE WITHIN 30 MINS OF CENTRE	
NAME:	PHONE #:

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