Edmonton Christian Preschool Emergency Card

Name of Child _____ Name of Child _____ (include both first and last names) (include both first and last names) Birthdate _____ (month, day and year) (month, day and year) Address (include address, city and postal code) (include address, city and postal code) Alberta Health # _____ Allergies? _____ Alberta Health # Allergies? Current Medications: Current Medications: Is your child fully immunized? YES _____ NO ____ Is your child fully immunized? YES _____ NO **Emergency Contact** (not a parent) **Emergency Contact** (not a parent) (include both first and last names) (include both first and last names) **Emergency Contact Phone number:** Emergency Contact Phone number: **Emergency Contact Address: Emergency Contact Address:** (include address, city and postal code) (include address, city and postal code) Doctor Name ______ Phone _____ Doctor Name ______ Phone _____ (include both first and last names) (include both first and last names) Parent 1 ______ Phone _____ _____ Phone _____ Parent 1 _____ (number while child is at Preschool) (number while child is at Preschool) (first name) (first name) Parent 2 ______ Phone _____ Parent 2 ______ Phone _____ (number while child is at Preschool) (number while child is at Preschool) (first name) Parent's Address: Parent's Address:

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