



Emergency Contact and Medical Information

_____		_____		M	F
Child's Name		Date of Birth		Sex	
_____		_____		_____	
Parent's/Guardian's Name		Parent's/Guardian's Name		_____	
() _____	() _____	() _____	() _____	_____	
Home Phone	Work Phone	Home Phone	Work Phone	_____	
_____		_____		_____	
Address		Address		_____	
_____		_____		_____	
City, Province, Postal Code		City, Province, Postal Code		_____	
_____		_____		_____	
Work Address		Work Address		_____	
_____		_____		_____	
City, Province, Postal Code		City, Province, Postal Code		_____	

Alternative Emergency Contacts

_____		_____		_____	
Primary Emergency Contact		Secondary Emergency Contact		_____	
() _____	() _____	() _____	() _____	_____	
Home Phone	Work Phone	Home Phone	Work Phone	_____	
_____		_____		_____	
Address		Address		_____	
_____		_____		_____	
City, Province, Postal Code		City, Province, Postal Code		_____	

Medical Information

Physician's Name

Physician's Address

City

Province

Postal Code

Phone Number

Allergies/Special Health Considerations

Parent's/Guardian's Signature

Date

Director Initials _____ Date _____