



EMERGENCY RECORDS

Date: _____
(DD/MM/YYYY)

Child's Name: _____
First Middle Last

Date of Birth: _____ Health Care #: _____
DD / MM / YYYY

Child resides with: _____
Child's Address

Parent/Guardian's Name: _____
First Middle Last

Address: _____
Box Number and Street Address

Telephone: _____
Home # Work # Cell#

Parent/Guardian's Name: _____
First Middle Last

Address: _____
Box Number and Street Address

Telephone: _____
Home # Work # Cell#

Emergency Contacts: (People in town to whom child may be released)

Note: Under no circumstances will the child be released to anyone else without previous authorization from the parent/guardian.

Name: _____ Relationship to the Child: _____

Work #: _____ Home #: _____ Cell #: _____

Address: _____
Box # Street Town/City Postal Code

Name: _____ Relationship to the Child: _____

Work #: _____ Home #: _____ Cell #: _____

Address: _____
Box # Street Town/City Postal Code

Name: _____ Relationship to the Child: _____

Work #: _____ Home #: _____ Cell #: _____

Address: _____
Box # Street Town/City Postal Code

Allergies: _____

Ongoing Medications: _____

Immunizations up to date: Yes No

Parent/Guardian Signature: _____ Date: _____

This information is being collected for the purpose of assessment and referral of Wildflowers Childcare under the authority of the Community & Family Services Act. It is protected by the privacy provisions of the Freedom of Information and Protection and Privacy Act. Questions relating to the collection of this information may be referred to the Manager of Childcare Services at (780)852-6517.