EMERGENCY CONTACT FORM

Peggy Brewin
École Coopérative Préscolaire
Cooperative Preschool

CHILD INFORMATION

Name:	Medical Card Number:
Age:	Birth Date *(dd-mm-yy)*

PRIMARY EMERGENCY CONTACT

Name:	Relationship to child:
Address *(address #, city, postal code):*	
Phone:	Cell phone:

SECONDARY EMERGENCY CONTACT

Name:	Relationship to child:
Address (address #, city, postal code):	
Phone:	Cell phone:

THIRD EMERGENCY CONTACT

Name:	Relationship to child:
Address (address #, city, postal code):	
Phone:	Cell phone:

MEDICAL INFORMATION

Allergies: No:_____ Yes: _____ If yes, please specify:
Medication: No:_____ Yes: _____ If yes, please specify:
Medical Conditions: No:_____ Yes: _____ If yes, please specify:

Signature: _____ Date: _____