



# 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: _____