

# EMERGENCY CONTACT FORM



**PEGGY BREWIN**  
ÉCOLE COOPÉRATIVE PRÉSCOLAIRE  
COOPERATIVE PRESCHOOL

## CHILD INFORMATION

Name:	Birth Date <i>(dd-mm-yy)</i>
Age:	Child's Doctor:
Health Card Number:	Health Card Expiration Date:

## PRIMARY EMERGENCY CONTACT

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

## SECONDARY EMERGENCY CONTACT

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

## THIRD EMERGENCY CONTACT

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

## MEDICAL INFORMATION

Does your child have a health condition that might require action in school? (Allergy, medication, seizure, diabetes, drug reaction, bee sting reaction, etc?) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

My child is up to date with their vaccinations: Yes \_\_\_\_\_ No \_\_\_\_\_

## PARENTAL CONSENT FOR EMERGENCY TREATMENT

Signature: _____	Date: _____
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