

EMERGENCY CONTACT INFORMATION

This form must be completed in a legible manner so it is easily accessible during an emergency situation. Ensure at least one contact is local. Contacting parents first will be the priority.

Child first name	Child last name
Address	Home phone
Date of birth	Cell phone
Parent #1 name	Work phone
Company	Work address
Parent # 2 name	Work phone
Company	Work address
Non-parent neighbourhood contact #1	Address & phone
Non-parent emergency contact #2	Address & phone
Allergies	-----
Health card # (optional)	-----
Family doctor name	Address
Phone #	-----
Additional information with regards to your child's health:	