MONARCH CHILD CARE SOCIETY
10210–108 AVENUE, EDMONTON, AB T5H 1A8

Emergency Information

Child's name_____

Mailing Address _____Postal Code_____ Phone #_____

Date of Birth _____ AB Health Care #_____

Parent's Name _____

Address (if different from above)_____ Home Ph.# _____

Place of Work _____ Work Ph.# _____

_____

Parent's Name _____

Address (if different form above)_____ Home Ph.#_____

Place of Work _____ Work Ph.# _____

_____

Would you like to be contacted regarding the program electronically? Yes ____No____
Parent's e-mail address

Emergency Contact Persons (other than parents noted above)

1. Name _____Address _____

   Relationship _____ Phone # _____

2. Name _____Address _____

   Relationship _____ Phone # _____

Medical Concerns _____ Allergies _____

Ongoing Medication_____

Doctor's Name _____Phone#_____

Address _____Immunization up to date yes__ no__

Parent/Guardian Signature _____Date_____

This form is updated every six months, however, we ask parents to inform staff of any changes to the information contained in this Emergency form whenever necessary.