



MONARCH CHILD CARE SOCIETY

10210-108 AVENUE, EDMONTON, AB T5H 1A8

Emergency Information

Child's Name: _____ Phone #: _____

Mailing Address: _____

City: _____ Postal Code: _____

Date of Birth: _____ AB Health Care #: _____

Parent's Name: _____ Phone #: _____

Address (if different from above): _____

City: _____ Postal Code: _____

Place of Work: _____ Work Phone #: _____

Would you like to be contacted regarding the program electronically? Yes No

Email address: _____

Parent's Name: _____ Phone #: _____

Address (if different from above): _____

City: _____ Postal Code: _____

Place of Work: _____ Work Phone #: _____

Would you like to be contacted regarding the program electronically? Yes No

Email address: _____

Emergency Contact Persons (other than parents noted above)

1. **Name:** _____ Phone #: _____

Address: _____ Relationship: _____

2. **Name:** _____ Phone #: _____

Address: _____ Relationship: _____

Medical Concerns: _____ Allergies: _____

Ongoing Medication: _____

Doctor's Name: _____ Phone #: _____

Address: _____ Immunization up to date: Yes No

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.

Parent's Name: _____ Date: _____