

~~LESSARD DAYCARE & AFTER SCHOOL CARE~~

PORTABLE EMERGENCY RECORD

(Revised February 2017)

General Information			
Child's Name:			
Date of Birth:		A.H.C #	
Child's Primary Address:			
Parent Information - Mother			
Mother's Name:			
Place of Work / School:			
Phone Numbers	Hm:	Wk:	Cell:
Home Address:			
E-Mail Address:			
Parent Information - Father			
Father's Name:			
Place of Work / School:			
Phone Numbers	Hm:	Wk:	Cell:
Home Address:			
E-Mail Address:			
Emergency Contact & Pick Up Authorization Information			
Name:		Relation to Child:	
Address (*Must be included):			
Phone Numbers	Hm:	Wk:	Cell:
Name:		Relation to Child:	
Address (*Must be included):			
Phone Numbers	Hm:	Wk:	Cell:
Health Information			
Physician:		Ph #:	
Allergies:			
On-Going Medication(S):			
Is Child's Immunization Up to Date: _____ Yes _____ No			
Extra Info:			

