

Edmonton Christian Preschool Emergency Card

Name of Child _____
(include both first and last names)

Birthdate _____
(date, month and year)

Address _____
(include address, city and postal code)

Alberta Health # _____ **Allergies?** _____

Current Medications: _____

Is your child fully immunized? YES _____ NO _____

Emergency Contact (*not a parent*)

(include both first and last names)

Emergency Contact Phone number: _____

Emergency Contact Address:

(include address, city and postal code)

Doctor Name _____ **Phone** _____
(include both first and last names)

Parent 1 _____ **Phone** _____
(first name) (number while child is at Preschool)

Parent 2 _____ **Phone** _____
(first name) (number while child is at Preschool)

Parent's Address:

Signature _____

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