



# Medical & Emergency Information

FAMILY DOCTOR'S NAME \_\_\_\_\_

Last

First

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
 City Province Postal Code DOCTOR'S OFFICE PHONE ( ) \_\_\_\_\_

CHILD'S HEALTH CARD NUMBER \_\_\_\_\_

ALLERGIES OR MEDICAL PROBLEMS \_\_\_\_\_

ARE THERE ANY CONDITIONS OR BEHAVIOUR THAT REQUIRE SPECIAL ATTENTION, MEDICATION OR A SPECIAL DIET?

History of communicable diseases: \_\_\_\_\_

Name of person/people to whom your child can be released to: \_\_\_\_\_

**EMERGENCY ALTERNATE CONTACTS**

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Please complete the record below (enclose a copy of the child's immunization record if possible) and return to the operator of the Child Care Centre, prior to admission.

	Vaccine	Diphtheria	Tetanus	Pertussis	Polio	Hib	Pneumo conjugate	Measles, Mumps, Rubella	Men C conjugate	Varicella	Hepatitis B
Dates given	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

If an emergency arises (G-d forbid), and none of the people mentioned above can be contacted, I hereby give The RSNS - Preschool of the Arts permission to take whatever measures it feels proper and necessary considering the circumstances.

Please be advised that I give my full consent to the faculty of The RSNS - Preschool of the Arts to take my child for short walks outside of the preschool facility at any time they deem appropriate.

I GIVE PERMISSION FOR OUR NAME AND TELEPHONE NUMBER TO BE PLACED ON A CLASS LIST FOR RELEASE TO OTHER PARENTS

YES  NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE. (FOR OFFICE USE ONLY.)**

Date of Interview \_\_\_\_\_ By \_\_\_\_\_

Notes: \_\_\_\_\_

Expect Finalization by \_\_\_\_\_

Child is Admitted \_\_\_\_\_ to Grade \_\_\_\_\_

Date of Withdrawal \_\_\_\_\_ By \_\_\_\_\_

Notes \_\_\_\_\_