

TROCHU Early Learning and Child Care Centre Portable Emergency Information Form

Name of Child: _____ Birth date: _____

Child Resides with: Mother Father Both Parents Other (Street): _____

Parent(s) Name: (Mother) _____ (Father) _____

Street/Land Address: _____

Phone #: Work _____ Home _____ Cell _____

(Father)Work: _____ Home: _____ Cell: _____

Dr. Name: _____ Dr. Phone #: _____ AHC# _____

Allergies: _____

Medical Conditions: _____

Medications: _____

(Other than Parents)

Emergency Contact: Name _____ Number (Home) _____

Street/ Land Address _____ (Cell) _____

Relationship to Child: _____ Immunizations up to date (Y or N): _____

Local Emergency Response Services:

EMS: 911 Fire: 911 Police: 911 Hospital: (403)443-2444, Poison Control: 1-800-332-1414 Child Abuse Hotline: 1-800-387-5437 After Hours Children's Services Crisis Unit: 1-800-638-0715

Updated July 2023

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Phone #: Work _____ Home _____ Cell _____

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