Government of Saskatchewan

Child's Emergency Information

(Required Form)

Child Care Regulation 32 requires every licensee to maintain a portable record of emergency information for each child attending the facility.

Date: ______/______/______ Year Month Day

Child's Name: ____________________

Date of Birth: ______/______/______ Year Month Day

Parent/Guardian Name: ____________________

Address: ____________________

Postal Code: ____________________

Home phone: ____________________

Business phone: ____________________

Cell phone: ____________________

Email: ____________________

Personal Health Number: ____________________

Group Medical Services or

Medical Services Incorporated Number: ____________________

Parent/Guardian Name: ____________________

Address: ____________________

Postal Code: ____________________

Home phone: ____________________

Business phone: ____________________

Cell phone: ____________________

Email: ____________________

Two other persons to contact in case of emergency:

1. Name: ____________________2

Relationship: ____________________

Home phone: ____________________

Business phone: ____________________

Cell phone: ____________________

Email: ____________________

2. Name: ____________________

Relationship: ____________________

Home phone: ____________________

Business phone: ____________________

Cell phone: ____________________

Email: ____________________

Physician's name: ____________________ Phone: ____________________

Address: ____________________

(over)

Check (✓) any of the following illnesses which the child has had:

- ☐ Asthma
- ☐ Bronchitis
- ☐ Chicken pox
- ☐ Convulsions
- ☐ Croup
- ☐ Diphtheria
- ☐ Earaches
- ☐ Eczema
- ☐ Frequent colds
- ☐ Influenza
- ☐ Injuries
- ☐ Measles (German)
- ☐ Measles (red)
- ☐ Mumps
- ☐ Pneumonia
- ☐ Polio
- ☐ Rheumatic fever
- ☐ Scarlet fever
- ☐ Tonsillitis
- ☐ Whooping cough
- ☐ Other ____________________

List all known allergies:

Drug	**Food**	**Other**

List all medications taken on a regular basis:

____

List all known medical conditions:

____

List any concerns/limitations in regards to this child's medical treatment:

____