

little kids, active learners.  
**PORTABLE EMERGENCY INFORMATION RECORD**

CHILD'S NAME	
DATE OF BIRTH	
HEALTH CARE REGISTRATION NUMBER	
ADDRESS	
MOTHER NAME	
MOTHER ADDRESS	
TELEPHONE	CELL PHONE
FATHER NAME	
FATHER ADDRESS	
TELEPHONE	CELL PHONE

**PARENT EMPLOYER INFORMATION/WHERE PARENTS CAN BE REACHED**

NAME	NAME
ADDRESS	ADDRESS
TELEPHONE	TELEPHONE

**EMERGENCY CONTACT**

NAME	NAME
ADDRESS	ADDRESS
TELEPHONE	TELEPHONE

**OTHER HEALTH INFORMATION**

PHYSICIAN NAME	TELEPHONE
ALLERGIES	
ON GOING MEDICATION	
IS CHILD'S IMMUNIZATION UP TO DATE?    YES <input type="checkbox"/> NO <input type="checkbox"/> WAIVER ON FILE <input type="checkbox"/>	