

**Little Kids, Active Learners**  
**Nose Creek Sports and Recreation Association**  
**PORTABLE EMERGENCY INFORMATION RECORD**



<b>Child's Name</b>		Home Phone No.	
Address		City	Postal Code
Birth Date (day/month/year)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Hair Colour	Eye Colour	Height	Weight

<b>Parent / Guardian Name</b>		Home Phone No.	Cell Phone No.	Email
Address		City	Postal Code	
Employer			Work Phone No.	
Work Address			Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Parent / Guardian Name</b>		Home Phone No.	Cell Phone No.	Email
Address		City	Postal Code	
Employer			Work Phone No.	
Work Address			Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>EMERGENCY CONTACT INFO</b>	Name	Home Phone No.	Cell Phone No.
Address		City	Postal Code
Employer		Work Phone No.	
Work Address		Relationship to Child	

<b>Please list those individuals authorized to pick-up your child (must show photo ID upon pick-up)</b>	
Name	Relationship to Child
Name	Relationship to Child
Name	Relationship to Child

<b>HEALTH INFORMATION</b>	Does your child have allergies? (food/drug) <input type="checkbox"/> Yes <input type="checkbox"/> No	Please list all allergies
Severe allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, does your child require an Epi-pen / medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list any foods your child is not allowed to have due to a special diet or for health or religious reasons.		
Is your child on on-going medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are your child's immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No