

**MONARCH CHILD CARE SOCIETY**  
**10210 – 108 AVENUE, EDMONTON, AB T5H 1A8**

**Emergency Information**

Child's name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ AB Health Care # \_\_\_\_\_

Parent's Name & Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Phone # \_\_\_\_\_

Parent's Name & Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Emergency Contact Persons:**

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Concerns \_\_\_\_\_ Allergies \_\_\_\_\_

Ongoing Medication \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Immunization up to date yes \_\_\_ no \_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form is updated every six months, however, we ask parents to inform staff of any changes to the information contained in this Emergency form whenever necessary.**