



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

Emergency Information

Child's Name: Phone #: [Click or tap here to enter text.](#)
Mailing Address: [Click or tap here to enter text.](#)
City: [Click or tap here to enter text.](#) Postal Code: [Click or tap here to enter text.](#)
Date of Birth: [Click or tap here to enter text.](#) AB Health Care # (optional) [Click or tap here to enter text.](#)

Parent's Name: [Click or tap here to enter text.](#) Phone #: [Click or tap here to enter text.](#)
Address (if different from above): [Click or tap here to enter text.](#)
City: [Click or tap here to enter text.](#) Postal Code: [Click or tap here to enter text.](#)
Place of Work: [Click or tap here to enter text.](#) Work Phone #: [Click or tap here to enter text.](#)
Would you like to be contacted regarding the program electronically? Yes No
Email address: [Click or tap here to enter text.](#)

Parent's Name: [Click or tap here to enter text.](#) Phone #: [Click or tap here to enter text.](#)
Address (if different from above): [Click or tap here to enter text.](#)
City: [Click or tap here to enter text.](#) Postal Code: [Click or tap here to enter text.](#)
Place of Work: [Click or tap here to enter text.](#) Work Phone #: [Click or tap here to enter text.](#)
Would you like to be contacted regarding the program electronically? Yes No
Email address: [Click or tap here to enter text.](#)

Emergency Contact Persons (other than parents noted above)

1. **Name:** [Click or tap here to enter text.](#) Phone # [Click or tap here to enter text.](#)
Relationship: [Click or tap here to enter text.](#)
2. **Name:** [Click or tap here to enter text.](#) Phone #: [Click or tap here to enter text.](#)
Relationship: [Click or tap here to enter text.](#)

Medical Concerns: [Click or tap here to enter text.](#) Allergies: [Click or tap here to enter text.](#)
Ongoing Medication: [Click or tap here to enter text.](#)
Doctor's Name: [Click or tap here to enter text.](#) Phone #: [Click or tap here to enter text.](#)
Address: [Click or tap here to enter text.](#) Immunization up to date: Yes No

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.

Electronic copies submitted to info@monarchchildcare.ca do not require a parent's signature.

Submitting Parent's Name: [Click or tap here to enter text.](#) Date: [Click or tap here to enter text.](#)