



Slava Music Academy
Daycare Agency

EMERGENCY CARD

Child Information

Child's Full Name: _____
Date of Birth (DOB): _____ Sex: Male Female
Home Address: _____

Parent/Guardian Information

Mother/Guardian's Name: _____
Mobile: _____ Work Address: _____
Email: _____ Work Number: _____
Father/Guardian's Name: _____
Mobile: _____ Work Address: _____
Email: _____ Work Number: _____

Emergency Contacts (2 other than parents/guardians)

First & Last Name: _____ Phone: _____
Email: _____ Relationship: _____

First & Last Name: _____ Phone: _____
Email: _____ Relationship: _____

Medical Information

Alberta Health Card Number: _____ Doctor's Phone: _____
Family Doctor Name: _____
Is child's immunization up to date? Yes No
Any Food Restrictions/Allergies: _____
Any Health Conditions or Special Needs: _____

Emergency Authorization

In case of emergency, I authorize my child's Educator and/or the Agency to contact emergency services or transport my child to the nearest medical facility if necessary.

Parent First & Last Name: _____

Parent/Guardian Signature: _____

Date: _____