

**PORTABLE EMERGENCY INFORMATION RECORD**

1 GENERAL INFORMATION	
CHILD'S NAME	
DATE OF BIRTH	AB HEALTH NO.
ADDRESS	
PARENT NAME	
PARENT ADDRESS	PHONE NUMBER

2 PLACE WHERE PARENTS CAN BE REACHED	
NAME	
ADDRESS	PHONE NUMBER
NAME	
ADDRESS	PHONE NUMBER
NAME	
ADDRESS	PHONE NUMBER

3 EMERGENCY CONTACT	
NAME	
ADDRESS	PHONE NUMBER
NAME	
ADDRESS	PHONE NUMBER
NAME	
ADDRESS	PHONE NUMBER

4 OTHER HEALTH INFORMATION	
PHYSICIAN / MEDI-CENTRE TELEPHONE	
ALLERGIES	
ONGOING MEDICATIONS	IS CHILD'S IMMUNIZATION UP TO DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO

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