

Earthquake Emergency Form

Program: _____

Child's Name (first and last): _____

Birth Date (month/day/year): _____

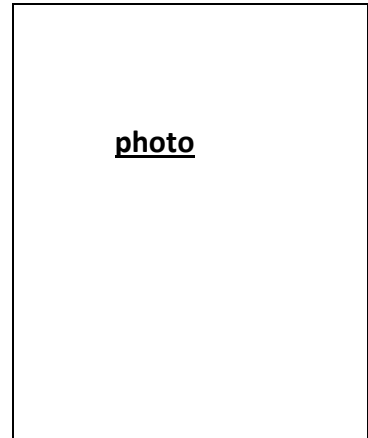
Home address: _____

Health card #: _____

Doctor (name): _____

(Phone #): _____

Allergy or any Medical info that should be shared with first responders:



1st person to contact in an emergency: _____

Relation to child: Mother Father Other: _____

Phone #1 : _____ Phone #2: _____

2nd person to contact in an emergency: _____

Relation to child: Mother Father Other: _____

Phone #1: _____ Phone #2: _____

Alternate Emergency Contacts:

NAME	PHONE #	ADDRESS	RELATION TO CHILD
3 RD			
4 TH			

OUT OF PROVINCE contact in the event of an earthquake or lines down in this area:

NAME	PHONE #	ADDRESS	RELATION TO CHILD

I authorize Port Coquitlam Daycare Society to use the above information, as necessary, in the event of an emergency.

Print name: _____ Signature: _____

Date signed: _____