

CLFN Day Care - EMERGENCY INFORMATION FORM

(Please complete all information required as this is the form we use to contact you in an emergency situation)

Child Information

Name: _____ Date of Birth: ____ (Day) ____ (Month) ____ (Year)

Address: _____ (Street) Curve Lake, Ontario K0L 1R0

Address (if residing off reserve) _____

CLFN Member? If yes, please provide status number _____

If no, please provide First Nation name: _____ Status Number: _____

Allergies? ___ No ___ Yes (If yes, please specify type) _____

Medical/Health conditions? (please specify) _____

OHIP # _____ Doctor _____ Phone # _____

Legal Guardian Information

Name _____ (Relationship) _____ Email: _____

Phone (home) _____ (work) _____ (cell) _____

Name _____ (Relationship) _____ Email: _____

Phone (home) _____ (work) _____ (cell) _____

Emergency Contact Information (if Legal Guardian cannot be reached). Emergency contact information must be current in cases of emergency i.e. power outage, illness, evacuation, etc. **The Infant Toddler Building can only sustain one hour without electricity, Preschool and SAP two hours without electricity.**

Please ensure your Emergency Contacts know they are on standby in cases of an emergency with your child while at Day Care.

Emergency Contact Name: _____ **Relationship:** _____

Phone (home) _____ (work) _____ (cell) _____

Emergency Contact Name: _____ **Relationship:** _____

Phone (home) _____ (work) _____ (cell) _____

Emergency Contact Name: _____ **Relationship:** _____

Phone (home) _____ (work) _____ (cell) _____

To whom the child can be released to:

Name: _____ (Relationship) _____ Name: _____ Relationship _____

Name: _____ (Relationship) _____ Name: _____ Relationship _____

Legal Guardian Authorization: (I certify the above noted information to be true and current)

Name (please print) _____ Signature _____ Date _____

Name (please print) _____ Signature _____ Date _____