Whistler Kids Childcare Centre
Emergency Information Sheet

Name of Child: _____Where are you from?:_____

Name of Parent(s):_____
First and Last Names Please

Birthday:_____ **Age**:_____
mm /dd / yy

Sex: □ male □ female

Cell phone:_____

Emergency Contact:_____**Phone:**_____
(Other than parent/ guardian)

Disabilities: □ No □ Yes_____

Allergies: □ No □ Yes_____

Dietary Restrictions: □ No □ Yes_____

Immunizations: □ No □ Yes_____
(are they current?)

Medication: □ No □ Yes_____

Person(s) authorized to pick-up child (first and last names):

_____

Please note pick up person must have photo identification ready to show staff upon pick up

*I understand that children may be taken off-site during our programs.
**I hereby authorize Whistler Kids to take my child to the Medical clinic if such a case arises.
***I understand that it is my duty to pick up my child if the Daycare calls me explaining that my child is not taking part in the program due to sickness or extreme separation anxiety.

Last Name

_____	_____	_____
Date	**Authorized signature**	**Please print name**
_____	_____	_____
Date	**Witness**	**Please print name**

First Name

We want to know a few things about your child to ensure they have good day.

Daycare Experience? □ No □ Yes_____
Nap? □ No □ Yes_____
Special Items? □ No □ Yes_____
Diapers? □ No □ Yes_____
Uses Toilet? □ No □ Yes_____