



Whistler Kids Childcare Centre Emergency Information Sheet

Name of Child: _____ Where are you from?: _____

Name of Parent(s): _____

First and Last Names Please

Birthdate: _____

mm / dd / yy

Age: _____

Sex: male female

Local Contact (hotel): _____ Local phone: _____

Cell phone: _____

Medical Plan: _____

Medical Plan #: _____

Family Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

next of kin - someone other than parents, friend/family member not currently in Whistler

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):

**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.

Please note we are required to keep a photo on file of all children in our daycare program in case of an emergency. If a photo is not provided of your child we will be taking a photo upon enrollment.

Date

Authorized signature

Please print name

Date

Authorized signature

Please print name

Date

Witness

Please print name

Last Name

First Name