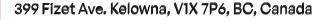


Jumping Jack Childcare Limited Emergency Card

Child's Information: Child's Full Name: _____ Date of Birth: /_____/____ BC Health Care Number: Allergies or Medical Conditions: • Allergy 1: _____ Allergy 2: Medical Condition: Doctor's Name: Doctor's Phone Number: **Parent/Guardian Information:** Parent/Guardian 1 Full Name: _____ Relationship to Child: Home Address: _____





Postal Code:

Phone Number (Home): _____



•	Phone Number (Work):
•	Phone Number (Cell):
•	Email Address:
•	Parent/Guardian 2 Full Name:
•	Relationship to Child:
•	Home Address:
•	City:
•	Postal Code:
•	Phone Number (Home):
•	Phone Number (Work):
•	Phone Number (Cell):
•	Email Address:
Emergency Contacts:	
•	Emergency Contact 1 Name:
•	Relationship to Child:
•	Phone Number:
•	Emergency Contact 2 Name:
•	Relationship to Child:
•	Phone Number:



Hospital Preference:		
Hospital Name:		
Hospital Address:		
Hospital Phone Number:		
Additional Information:		
Please specify any additional information that may be helpful in an emergency, such		
as alternative contacts, special instructions, or any other relevant details.		
Consent for Emergency Medical Treatment: I/we authorize Jumping Jack Childcare staff to seek emergency medical treatment for my/our child,, in the event of an emergency when I/we cannot be reached immediately.		
Parent/Guardian 1 Signature:		
Date:/		
Parent/Guardian 2 Signature:		



