

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: _____
- Special Dietary Needs: _____
- Doctor's Name: _____
- Doctor's Phone Number: _____

Parent/Guardian Information:

- Parent/Guardian 1 Full Name: _____
- Relationship to Child: _____
- Home Address: _____
- City: _____
- Postal Code: _____
- Phone Number (Home): _____



399 Fizet Ave. Kelowna, V1X 7P6, BC, Canada



+1-236-338-0451



jumpingjackchildcare@gmail.com

- 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: _____



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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: _____

Date: ____/____/____



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