

Portable Emergency Contact

Name of Child:	Street:	Alberta Health Care Number:
Birth Date:	City: Postal Code:	

Person to be contacted first:

Mother's (Guardian's) Name:	Street:	Home Phone:
	City:	Cell Phone:
	Postal Code:	Work Phone:
Father's (Guardian's) Name:	Street:	Home Phone:
	City:	Cell Phone:
	Postal Code:	Work Phone:

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

Alternate Contact #1 Name:	Street:	Home Phone:
	City:	Cell Phone:
	Postal Code:	Work Phone:
Relationship to Child:		
Alternate Contact #2 Name:	Street:	Home Phone:
	City:	Cell Phone:
	Postal Code:	Work Phone:
Relationship to Child:		

Medical Information:

Child's Doctor:	Doctor Phone Number:	Immunization Up-to-Date Yes No
Medical Conditions:	Allergies:	Current Medication(s):