



GIBBONS PRESCHOOL ASSOCIATION

Box 826, Gibbons, AB, T0A 1N0

www.gibbonspreschool.com

info@gibbonspreschool.com

EMERGENCY MEDICAL INFORMATION

First Name:

Last Name:

Class:

 AM PM

Birth Date:

Gender:

 Female Male

Alberta Health Care Number:

Street Address:

Mailing Address:

Subdivision/Legal land description (if needed):

Please notify the emergency contacts that they have been listed as emergency contacts.

Emergency contacts should live in Gibbons, or no further than 15 minutes away from the school.

Parent/Guardian 1 Information:

First Name:

Surname:

Address:

(if different than student)

Cell Phone:

Work/Daytime Phone:

Parent/Guardian 2 Information:

First Name:

Surname:

Address:

(if different than student)

Cell Phone:

Work/Daytime Phone:

Emergency Contact 1 Information:

Name:

Address:

Cell Phone:

Work/Daytime Phone:

Relationship:

Emergency Contact 2 Information:

Name:

Address:

Cell Phone:

Work/Daytime Phone:

Relationship:

Voluntary Disclosure

Vaccinations up-to-date

YES

NO

Medical information and/or medications:

YES

NO

If yes, please explain:

Allergies:

YES

NO

If yes, please explain:

Special instructions in the event of an emergency:

YES

NO

If yes, please explain:

Declaration and Consent

In the event of a medical emergency, the teacher will phone an ambulance for your child if believed medically necessary.

A parent/guardian will be called immediately after an ambulance has been called.

I affirm that the medical information given on this form is complete and correct.

Signature of Parent/Legal Guardian

Date