



## EMERGENCY INFORMATION

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work#: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work#: \_\_\_\_\_

**Allergies** (Food/Drug, etc.), important **Medic Alert** info: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Emergency Numbers:**

Name/Relationship \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ Phone Number

Name/Relationship \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ Phone Number

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Card No. \_\_\_\_\_ Version Code: \_\_\_\_\_

I hereby authorize Zareinu Educational Centre of Metropolitan Toronto, its agents and employees, to provide or obtain emergency services if, in their opinion, such are required.

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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