

Child's Emergency Contact Information

Adventure Hours Nursery School

Date Last Updated (dd/mm/yyyy): [Click here to enter text.](#)

Note: Where applicable, consider adding additional parent or emergency contact information.

Child's Information

Full Legal Name:

Preferred Name (where applicable):

Date of Birth (dd/mm/yyyy):

Special Medical or Additional Information Helpful in an Emergency (e.g., allergies, known medical conditions):

Parent

Full Legal Name:

Preferred Name:

Preferred Phone Number:

Alternate Phone Number:

Parent

Full Legal Name:

Preferred Name:

Preferred Phone Number:

Alternate Phone Number:

Emergency Contact

Full Legal Name:

Preferred Phone Number:

Alternate Phone Number:

Emergency Contact

Full Legal Name:

Preferred Phone Number:

Alternate Phone Number:

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Preferred Name:

Preferred Phone Number:

Alternate Phone Number:

Parent

Full Legal Name:

Preferred Name:

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Alternate Phone Number:

Emergency Contact

Full Legal Name:

Preferred Phone Number:

Alternate Phone Number:

Emergency Contact

Full Legal Name:

Preferred Phone Number:

Alternate Phone Number:

Regulatory Requirements: Ontario Regulation 137/15

Emergency Contact Information

70 Every licensee shall ensure that the following information is up to date and readily accessible in the event of an emergency to each staff member of each child care centre or home child care agency it operates and to each home child care provider at a premises where the licensee oversees the provision of home child care:

1. The telephone numbers of a parent of each child receiving child care at the child care centre or home child care premises, and a telephone number of a person to be contacted if a parent cannot be reached.
2. Any special medical or additional information provided by a parent of each child receiving child care at the child care centre or home child care premises that could be helpful in an emergency.