



Whistler Kids Childcare Centre Emergency Information Sheet

Name of Child: _____ Customer No: _____

Name of Parent(s): _____

Birthday: _____ Age: _____
mm / dd / yy Sex: male female

Local Contact (hotel): _____ Local phone: _____

Cell phone: _____

Medical Plan: _____ Medical Plan #: _____

Family Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

* next of kin

Disabilities: No Yes _____

Allergies: No Yes _____

Immunizations: No Yes _____
(are they current?)

Medication: No Yes _____

Person(s) authorized to pick-up child (first and last names):

**I understand that children may be taken off-site during our programs.
I hereby authorize Whistler Kids to take my child to the Medical clinic if such a case arises.

Date Authorized signature Please print name

Date Authorized signature Please print name

Date Witness Please print name