



**Whistler Kids Childcare Centre
Emergency Information Sheet**

Name of Child: **お子様のお名前（ローマ字）** Customer No: _____

Name of Parent(s): **ご両親のお名前** _____

Birthday: **お子様の生年月日（月/日/年）** Age: **年齢**
mm / dd / yy 性別 Sex: male female

Local Contact (hotel): **宿泊ホテル** Local phone: _____

Cell phone: **カナダで繋がる携帯電話があれば記入** _____

Medical Plan: _____ Medical Plan #: _____

Family Physician: _____ Phone: _____

Emergency Contact: **緊急連絡先のお名前（親族）** Phone: **緊急連絡先**
* next of kin

Disabilities: No Yes **障害の有無** _____

Allergies: No Yes **アレルギーの有無** _____

Immunizations: No Yes **予防接種の有無**
(are they current?) _____

Medication: No Yes **薬剤投与の有無** _____

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

お子様を迎えに来る方のお名前フルネーム

**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.

サイン日付 **ご両親の署名** **ローマ字フルネーム**
Date Authorized signature Please print name

Date Authorized signature Please print name

Date Witness Please print name