



Whistler Kids Childcare Centre Emergency Information Sheet

Name of Child: お子様のお名前(ローマ字) Where are you from?: 出身国

Name of Parent(s):
First and Last Names Please

Birthdate: 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 - someone other than parents, friend/family member not currently in Whistler

Disabilities: No Yes 障害の有無

Allergies: No Yes アレルギーの有無

Dietary Restrictions: No Yes 食事制限の有無

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):

 お子様をお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.
 Please note we are required to keep a photo on file of all children in our daycare program in case of an emergency. If a photo is not provided of your child we will be taking a photo upon enrollment.

 サイン日付
 Date Authorized signature Please print name

 Date Authorized signature Please print name

 Date Witness Please print name

Last Name

First Name