



Employee Emergency Information (Required Form)

Child Care Regulation 46 requires every licensee to maintain a record of emergency medical information with respect to each employee.

Date : _____ / _____ / _____
Year Month Day

Employee's name: _____

Personal Health Number: _____

Date of Birth: _____ / _____ / _____
Year Month Day

Group Medical Services or
Medical Services Incorporated Number _____

Two other persons to contact in case of emergency:

1. Name: _____

2. Name: _____

Relationship: _____

Relationship: _____

Home phone: _____

Home phone: _____

Business phone: _____

Business phone: _____

Physician's name: _____ **Phone:** _____

Address: _____

Check (✓) any of the following illnesses which the employee has had:

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Earaches | <input type="checkbox"/> Measles (red) | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Eczema | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping cough |
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Influenza | <input type="checkbox"/> Polio | _____ |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Injuries | <input type="checkbox"/> Rheumatic fever | |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles (German) | <input type="checkbox"/> Scarlet fever | |

List all known allergies:

Drug	Food	Other
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all medications taken on a regular basis:

List all known medical conditions:

List any concerns/limitations in regards to this employee's medical treatment:
