

Emergency Information and Immunization Record Card

Child's Name: _____

Date Enrolled: _____ Updated: _____

Home Address: _____ Street _____ City _____ State _____ Zip _____

Date Disenrolled: _____

Home Phone: _____

Date of Birth: _____ Sex: male female

Mother or Guardian Name: _____

Father or Guardian Name: _____

Home Address: _____ Street _____ City _____ State _____ Zip _____

Home Address: _____ Street _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Home Phone: _____ Cell Phone: _____

Business Name: _____ Work Phone: _____

Business Name: _____ Work Phone: _____

Business Address: _____ Street _____ City _____ State _____ Zip _____

Business Address: _____ Street _____ City _____ State _____ Zip _____

Signature: _____

Signature: _____

If Medical Care is Necessary, Call:

DOCTOR:

Name	Address	City	State	Zip	Phone
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HOSPITAL:

Name	Address	City	State	Zip	Phone
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Does your child have insurance coverage? No Yes

Name of Insurance Company _____

(Optional)

In case of injury or sudden illness, _____ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name: _____

Name: _____

Address: _____

Address: _____

Street _____ City _____ State _____ Zip _____

Street _____ City _____ State _____ Zip _____

Telephone: _____ Cell phone: _____

Telephone: _____ Cell phone: _____

Name: _____

Name: _____

Address: _____

Address: _____

Street _____ City _____ State _____ Zip _____

Street _____ City _____ State _____ Zip _____

Telephone: _____ Cell phone: _____

Telephone: _____ Cell phone: _____

The following person(s) may not remove my child from the center:

Name: _____

Name: _____

Custody papers have been provided and are on file at the facility. yes no

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent or Guardian printed name

Signature

Date: _____

Immunization Information

Age	Required Vaccine Doses By Age						
	DTaP	Polio	Hib	Hepatitis B	Hepatitis A	MMR	Varicella
<2 months				#1			
2 - 3 months	#1	#1	#1				
4 - 5 months	#2	#2	#2	#2			
6 - 11 months	#3		#2 - #3 ¹				
12 - 14 months		#3	#1 - #4 ²	#3		#1	#1
15 - 59 months	#4						
24 - 71 months					#1 ³ & #2 ³		
School Age (K-12)	#4 ⁴ or #5	#3 ⁵ or #4		#3		#2 ⁶	#1 ⁷

¹ Pedvax or Comvax vaccine given

² Must have at least 1 Hib after 12 months of age

³ Hep A required in Maricopa County only

⁴ 4 doses meet requirement if 4th dose is after 4th birthday

⁵ 3 doses meet requirement if 3rd dose is after 4th birthday

⁶ Must have 2 doses of MMR for K-12 entry

⁷ A 2nd dose is needed if dose #1 is given at 13+ years of age

Check one

	Copy of current official documented immunization record attached
	Religious Beliefs exemption form signed by parent/guardian attached
	Medical Exemption form signed by physician and parent/guardian attached
	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):

/ /
MO / DAY / YR

/ /
MO / DAY / YR

/ /
MO / DAY / YR

Updated immunizations received and attached

/ /
MO / DAY / YR

/ /
MO / DAY / YR

/ /
MO / DAY / YR

Medical Information

Is child allergic to food or other substances? No Yes (If yes, name foods or substances to be avoided and procedure to follow if reaction occurs.) _____

Is child usually susceptible to infections and if so, what precautions need to be taken? No Yes _____

Is child subject to convulsions and what should be our procedure if one occurs? No Yes _____

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? No Yes _____

Additional comments: _____

Other special instructions: _____

Telephone Authorization Code : _____ (optional)