



Emergency Information and Immunization Record Card

Child's Name:			Date Enrolled:	Updated:			
Home Address (#,	Street, City):			Date Disenrolled:			
Home Phone:			Date of Birth:	Sex: male female			
Mother or Guardian Name:		Home Address (#, Street, City):		Home Phone:			
Cell Phone (optional):		Business Address (#, Street, City):		Business Phone:			
Father or Guardian Name:		Home Address (#, Street, City):		Home Phone:			
Cell Phone (optional):		Business Address (#, Street, City):		Business Phone:			
I authorize the following individuals to collect my child from the facility if I cannot be located:							
Name:		Address (#, Street, City):		Phone:			
Name:		Address (#, Street, City):		Phone:			
Name:		Address (#, Street, City):		Phone:			
Name:		Address (#, Street, City):		Phone:			
The following is	ndividual(s) may NO	OT remove 1	my child from the facility:				
Custody papers	have been provided	and are on	file at the facility. yes	no			
If Medical care	is necessary, CALL	:	Address (#, Street, City):	Phone:			
DOCTOR	Name:		•	Phone:			
HOSPITAL	Name:		Address (#, Street, City):	Phone:			
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 injury or sudden illness, I request that this individual be called first:							
Does your child have insurance coverage? No Yes Name of Insurance Company:							
Telephone Authorization Code : (optional)							

Immunization Information

For information regarding current immunization requirements go to: www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:								
	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								
Signed Laboratory Proof of Infindinty form attached								
	mo /day/ yr	mo /day/ yr	mo /day /yr					
Notification of immunizations needed sent to Parent(s) or Guardian(s):								
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr					
Medical Information								
Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:								
Is child usually susceptible to infections and if so, what precautions need to be taken? No Yes If yes, list precautions:								
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure: No Yes								
Is there any physical condition that we should be aware of and what precautions should No Yes be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? If yes, list precautions:								
Additional comments:								
Other special instructions:								
This Emergency Information and Immunization Record Card is accurate a Parent/Guardian PRINTED Name: SIGNED Name:	nd complete, front	and back, and w	as provided by:					