CDC/SGH # or name:_____

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 individual(s) may NOT remove my child from the facility:

Name(s):

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

If Medical care is necessary, CALL:

DOCTOR	**Name**:	**Address** (#, Street, City):	**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

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**, 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? ☐ **No** ☐ **Yes** **If yes**, specify procedure:	
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** **If yes**, list precautions:	
Additional comments:	
Other special instructions:	

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

Parent/Guardian PRINTED Name:	**SIGNED Name**:	**DATE:**