



PARKGATE CHILD AND FAMILY CENTRE

Operated by Parkgate Community Services Society

3625 Banff Court, North Vancouver, B.C., V7H 2Z8

Telephone: 604-983-6350

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www.myparkgate.com

MEDICAL ALERT INFORMATION FORM

Child's Name: _____
 (Surname) (First Name)

Birth Date (day/month/year): _____

Address: _____
 (Street, City, Postal Code)

Mother/Guardian: _____ Father/Guardian: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Fax: _____ Work Phone: _____ Fax: _____

Child Care Program:

- Infant/Toddler
- Two-Year Old Preschool
- Three to Five Group Care/Kindercare
- Parkgate School Age
- Seymour School Age Care

Name of School: (for children in School Age Care)

- Cove Cliff
- St. Pius X
- Sherwood Park
- Dorothy Lynas
- Plymouth

Physician: _____ Telephone: _____

Emergency Action Plan (to be completed by parent/guardian)

Medical Condition	Symptoms	Plan of Action (number in order of priority: 1=most important, 2, 3, 4, 5=least important)
		___ Administer Medication ___ Call 911 ___ Call parents ___ Provide juice/snack (if appropriate for diabetes, etc.) ___ Other (specify)

Date: _____ Parent/Guardian Signature: _____

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