

*Back-up Information*

Back-up Provider name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date care required: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Alberta Health Care numbers: \_\_\_\_\_

Mom home phone: \_\_\_\_\_ cell: \_\_\_\_\_ work: \_\_\_\_\_

Dad home phone: \_\_\_\_\_ cell: \_\_\_\_\_ work: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/comments: \_\_\_\_\_

Travel destination (if any): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Mom home phone: \_\_\_\_\_ cell: \_\_\_\_\_ work: \_\_\_\_\_

Dad home phone: \_\_\_\_\_ cell: \_\_\_\_\_ work: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/comments: \_\_\_\_\_

Travel destination (if any): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_