



16233 SOUTH 48TH ST. PHOENIX, AZ 85048
HORIZONCLC.ORG // 480.659.3000

Dear Parents,

In order for your child to attend Club Horizon, all **BOLDED** fields of the Emergency card must be completed and turned in prior to attendance. According to The Arizona Department of Health Care Services, Office of Childcare Licensing, the Emergency card must be signed by the parent and must contain the following:

- The child's name, home address, home telephone number, sex, and date of birth;
- The date of the child's enrollment;
- The names, home and telephone numbers of the child's parents (**Please note the best contact number**)
- The names and telephone numbers of individuals authorized by a parent to collect a child from the facility if the parent cannot be located; (**At Least two.**)
- The names of individuals **not** permitted by a parent to remove the child from a facility
- The name and telephone number of a child's physician or health care provider
- The written instructions of a parent or health care provider for nutritional and dietary needs of a child;
- A written record completed by a parent or health care provider noting a child's susceptibility to illness, physical conditions of which child care personnel should be aware, and any individual requirements for health maintenance; and
- A child's immunization record or a notation of exemption affidavit.

****IMPORTANT NOTICE****

- **Each of the addresses filled out must be complete, cross streets are not acceptable for an address.**

If you have any further questions about Club Horizon or the Emergency card, you may contact me at (480) 659-3182 or by E-mail at patricia.mcintyre@horizonclc.org or clubhorizon@horizonclc.org

Thank you,

Patti McIntyre
Director of Club Horizon



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

In case of injury or sudden illness, I request that this individual be called first:	
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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

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

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:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	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

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>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.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

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:
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