



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

Child's name	Date enrolled	Updated
Marsha Syble Cuthbert	09/01/2016	08/21/2018 18:04:21
Home address		Date disenrolled
717 Hammonds Ferry Rd , Tucson, Arizona 85711		
Home phone	Date of birth	Sex: <input checked="" type="checkbox"/> female <input type="checkbox"/> male
278-292-9215	02/07/2005	

Mother name	Home address
Millicent Cuthbert	717 Hammonds Ferry Rd , Tucson, Arizona 85711
Cell Telephone	Home Telephone
350-242-2834	278-292-9215

Dad name	Home address
Addison Cuthbert	717 Hammonds Ferry Rd , Tucson, Arizona 85711
Cell Telephone	Home Telephone
419-737-1628	278-292-9215

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
Sophie Kinney	750-571-2433
Kamran Koffinke	123-000-2422
Todd Schwartz	428-846-2352
Christine Everman	905-509-1616

If Medical care is necessary, call:

Health care provider*	Name	Contact telephone number
	Dr. Roger Segal	418-894-6062

\*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:	Addison Cuthbert
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The following individual(s) may NOT remove my child from the facility:

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Custody papers have been provided and are on file at the facility. Yes No

Telephone Authorization Code (optional):

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Trembley

### **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](http://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 checked="" 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

Is child allergic to food or other substances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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.)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list precautions:
Additional comments: Cannot lift heavy objects or climb steep inclines
Dietary restrictions: Marsha is a vegetarian
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	Parent/guardian electronic signature	Date
Millicent Cuthbert	<i>Millicent Cuthbert</i>	08/21/2018