



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

Child's name: Simulated Soraya Hawes	Date enrolled: 10/18/2014	Updated: 1/6/2021
Home address: 1421 Jefferson Davis Hwy , Audubon, Arizona 66766		Date disenrolled:
Home phone: 681-190-9460	Date of birth: 7/7/2020	Sex: <input type="checkbox"/> male <input checked="" type="checkbox"/> female

Father name: OlindaKroll	Home address: 516 N. Charles Street, Zionhill, District of Columbia 40234
Work Telephone: 669-264-7563	Cell Telephone: 496-557-8577

Aunt name: Collin Bradberry	Home address: 20265 Lester Road Nw, Mapleton, Arkansas 78142
Home Telephone: 819-223-9666	Cell Telephone: 721-275-3437

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	
Loren Friesen	928-715-8429	783-905-1013
Adrienne Searcy	883-773-5766	537-679-7579
Mica Tapia	346-526-8191	510-609-2165
Rolande Moses	135-828-7322	800-141-8030

If Medical care is necessary, call:

Health care provider*	Name: Breanne Lewis	Contact telephone number: 424-127-1423
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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:	Erlinda Petersen
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The following individual(s) may NOT remove my child from the facility:

Names: Genevie Holtz

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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list precautions: Simulated infection 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: Simulated Comments
Other special instructions: Simulated Special instructions

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

Parent/guardian printed name: Olinda Kroll	Signed name: <i>Olinda Kroll</i>	Date: 1/6/2021
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