



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:

Rahmah Academy
5100 N. Keyv Place, Tucson, AZ 85701 (520) 395-0730
Email: rahmah@mectucson.org

REGISTRATION FORM

CHILD'S INFORMATION

Child's Full Name: _____ **Birth Date:** ___/___/___

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Nickname:** _____

Primary language; _____

PARENT/GUARDIAN INFORMATION

Mother's Full Name: _____ **Home Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Occupation: _____ **Work Phone:** _____ **ext.** _____

Name of Employer _____ **Pager or Cellular Phone:** _____

Business Address: _____ **City:** _____

E-mail _____

Father's Full Name: _____ **Home Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Occupation: _____ **Work Phone:** _____ **ext.** _____

Name of Employer _____ **Pager or Cellular Phone:** _____

Business Address: _____ **City:** _____

E-mail _____

I have read the Parent Handbook and acknowledge the same.

Name of Student/Students (please print):

Grade

Mother or guardian Signature or Guardian

Date

Father or guardian Signature or Guardian

Date

Important Note

PLEASE RETURN THIS PAGE TO THE FRONT OFFICE STAFF