**Emergency Child Care Plan**

To provide the most accurate information to your caregiver, please complete one plan per child and update regularly and after life changes.

Family Name:

Date:

**EMERGENCY CONTACT INFORMATION**

**Mother/Guardian Father/Guardian**

Name:       Name:

Phone:       Phone:

Work:       Work:

Cell:       Cell:

Address:       Address:

Please list 2 emergency contacts who can be called in the event that you cannot be reached. Please remember to check with your emergency contacts periodically to ensure that they are aware of your reliance on them.

1. Name:       Relationship:

Phone:       Work Phone:

1. Name:       Relationship:

Phone:       Work Phone:

**BACKGROUND INFORMATION**

Child’s Name:

Sex: M  F

Birth (M/D/Y):

Address:

Phone:

Member Unit:

Work Phone:

Provincial Health Card #:       Expiry Date:       Province:

Other Medical Insurance:

Language(s) spoken at home:

Please list other children in the household with their ages (last names only if different):

1. Age:
2. Age:
3. Age:
4. Age:

**REGULAR DAILY CHILD CARE**

**Back Up Plan**

Caregiver’s Name:       Name:

Caregiver’s Address:       Address:

Caregiver’s Phone:       Phone:

Normal days and hours in daycare:

**REGULAR EXTENDED CARE (weekends, holidays, evenings)**

**Back Up Plan**

Caregiver’s Name:       Name:

Caregiver’s Address:       Address:

Caregiver’s Phone:       Phone:

**EMERGENCY DAYCARE**

**Back Up Plan**

Caregiver’s Name:       Name:

Caregiver’s Address:       Address:

Caregiver’s Phone:       Phone:

**EMERGENCY AFTER HOURS CARE**

**Back Up Plan**

Caregiver’s Name:       Name:

Caregiver’s Address:       Address:

Caregiver’s Phone:       Phone:

**EXTENDED ALTERNATE CARE (deployments, transition times, illness)**

**Back Up Plan**

Caregiver’s Name:       Name:

Caregiver’s Address:       Address:

Caregiver’s Phone:       Phone:

**SCHOOL INFORMATION**

If your child attends school or daycare, please provide name, location/address, phone number, contact person, bus route information or how they normally get there and back, and any other important details.

**EXTRACURRICULAR ACTIVITIES**

If your child attends regularly scheduled extracurricular activities, please list name, days of attendance, location/address, phone number, contact person and how they normally get there and back, and any other important details.

**MEDICAL INFORMATION**

Family Physician:

Address:

Phone:

Family Dentist:

Address:

Phone:

|  |  |  |  |
| --- | --- | --- | --- |
| **Does your child have/had:** | **No** | **Yes** | **If yes, please comment:** |
| Allergies (food) |  |  |  |
| Allergies (medication) |  |  |  |
| Allergies (pets, others) |  |  |  |
| Significant illness in the past year |  |  |  |
| Ongoing medical problems |  |  |  |
| Physical limitations / special needs |  |  |  |
| Psychological problems |  |  |  |
| Medication |  |  |  |
| Immunizations up to date |  |  |  |
| Other (please state) |  |  |  |

**HEALTH AND DEVELOPMENT HISTORY**

This information may need to be accessed in your absence to ensure the best quality care for your child.

Please describe any difficulties or serious illness at birth.

Describe your child’s general health (e.g. recurring colds, ear infections, stomach aches, etc.).

Are there presently any serious medical problems?

Yes  No

If yes, please describe.

If your child is taking any medication, what is the medication and what is it for? Please provide particulars and include medication if prescribed, with dosage and administering times. Please note that a caregiver can only give medication if it is in the original prescribed container.

Has your child ever been to the dentist? Yes  No

Does your child have any dental problems?

Yes  No

If yes, please describe.

Describe how your child communicates (i.e. gestures, words, full sentences, etc.).

How would you describe your child’s emotional, physical and social growth and development to date?

Describe your child’s diet, including types of food/fluids s/he is now taking?

Fluids/beverages:

Solids:

If your child has food allergies, are they severe enough to require emergency treatment or medication?

Yes  No

If yes, please provide specific detail.

Has your child eaten peanut butter / nut products?

Yes  No

Diet restrictions (including cultural / religious):

Describe any concerns you have about your child’s diet and/or eating habits.

How far has your child progressed in toilet training?

**BEHAVIOUR PATTERNS AND HABITS**

Describe your child’s behaviour and habits (e.g. temperament / energy level, etc.).

Describe your child’s interests and activities.

Describe an ordinary day in your child’s life, from getting up in the morning to going to bed at night. Include times for naps, meals, play, etc. Please give thought to those special little things that help your child’s day go a little easier.

Morning:

Afternoon:

Evening:

Is there an established bedtime routine?

Yes  No

If yes, please describe.

Describe any particular habits (thumb-sucking, rocking, etc.) or attachments (favourite toy, blanket, etc.) your child has.

Describe any particular fears your child has (loud noises, animals, strangers, etc.).

Describe how your child reacts to stressful situations (cries, withdraws, nightmares, etc.).

How does your child react to new situations?

Please give us your view on guiding your child’s behaviour and setting limits.

Is there anything else we should know in order to provide care to your child?

Do you permit your child to watch television?

Yes  No

If yes, please list which shows are permitted and any restrictions you have.

**CONSENT TO MEDICAL TREATMENT OF CHILDREN**

***Instructions to Parents/Guardians:***

Both parents should sign this form. If one parent is unable or unavailable to sign, please indicate the reason on the signature line. If signed by a guardian rather than parents, a statement of the nature of the guardianship should be provided.

I/We       and

(Mother/Guardian) (Father/Guardian)

hereby authorize the individuals listed in my child care plan to act on my/our behalf to consent to any medical treatment or diagnostic procedures, which may in his/her opinion be in the best interest of the child. The permission may include the administration of anaesthetics that may be considered necessary or advisable by the attending physician, surgeon, dentist or hospital staff.

Signature of Mother/Guardian:

Signature of Father/Guardian:

**Sunscreen / Insect Repellent**

I hereby authorize the persons listed on my child care plan to administer sunscreen  and / or insect repellent  to the child if required.

Parent Signature:

**STATEMENT OF UNDERSTANDING**

We encourage you to share your plans with the caregivers identified within as well as the local Military Family Service Centre, so they are prepared to assist as quickly as possible in times of emergency. Personal information collected by MFS must be kept in a secure and confidential manner in accordance with the Director Military Family Services *Privacy Code for Military Family Services Program* and the *Personal Information Protection Act (PIPA).*

By signing below, you are stating that the information on this form is accurate to the best of your knowledge, you will update information as necessary to keep the information current and you have read and understood the consents above.

You understand that all parties listed on this form will have access to your personal information that has been laid out in your child care plan and may be shared with outside parties in the event of an emergency where your child may need care or medical attention.

I,       have read and understood the statement of understanding and all that it applies to within my child care plan.

Signature of Parent:

Date: