

Petawawa Military Family Resource Centre
Emergency Child Care Plan.

Child's Name: _____ Age: _____
Child's Name: _____ Age: _____
Child's Name: _____ Age: _____

Custodial Parent(s) _____ Phone: _____

Address: _____

Date of Plan: _____

Complete the following clearly and accurately. If you have any questions or concerns, please feel free to call the Emergency Child Care Supervisor at 687-1641 X 2226.

Please note that in the event that your child care plans cannot be met, there is 24 hr. Emergency Child Care services offered by the PMFRC. Your child care plans should be updated on as regular bases.

Regular Daily Care

Back Up Plan

Caregiver's Name _____
Caregiver's Address _____
Caregiver's Phone _____

Name: _____
Address: _____
Phone: _____

Regular Extended Care (weekends, holidays, evenings)

Back Up Plan

Caregiver's Name _____
Caregiver's Address _____
Caregiver's Phone _____

Name: _____
Address: _____
Phone: _____

2.

Emergency Day Care (PMFRC services available)

Back Up Plan

Caregiver's Name: _____
Caregiver's Address: _____
Caregiver's Phone: _____

Name: _____
Address: _____
Phone: _____

Emergency After Hours Care (PMFRC services available)

Back Up Plan

Caregiver's Name: _____
Caregiver's Address: _____
Caregiver's Phone: _____

Name: _____
Address: _____
Phone: _____

Extended Alternate Care (deployments, transition times, illness)

Back Up Plan

Caregiver's Name: _____
Caregiver's Address: _____
Caregiver's Phone: _____

Name: _____
Address: _____
Phone: _____

Be Ready ... Have your child care plans in place!

Emergency Contact Information

Provide a list of names, addresses and phone numbers as a emergency contact list in the event that your child care provider needs to contact your family or friends.

Emergency Contact #1

Name: _____

Relationship: _____

Home Phone: _____

Work Phone : _____

Home Address: _____

Work Address: _____

Emergency Contact # 2

Name: _____

Relationship: _____

Home Phone: _____

Work Phone : _____

Home Address: _____

Work Address: _____

Emergency Contact # 3

Name: _____

Relationship: _____

Home Phone: _____

Work Phone : _____

Home Address: _____

Work Address: _____

Parent Signature

Date

Child's Medical History

Child's Name _____ Sex _____

Date of Birth: _____

Health Card Number _____

Home Address: _____ Home Phone: _____

Family Physician: _____

Address: _____ Phone: _____

Please complete the following sections accurately and include information that is important to your child's health

Health Conditions of your ChildAllergies Yes No

Give particulars (please include medication if prescribed with dosage and administering times. Please note that medication can only be given by a caregiver if it is in the original prescribed container)

5.

Seizures Yes No

Give particulars (please include medication if prescribed with dosage and administering times. Please note that medication can only be given by a caregiver if it is in the original prescribed container)

Diabetes Yes No

Give particulars (please include medication if prescribed with dosage and administering times. Please note that medication can only be given by a caregiver if it is in the original prescribed container)

Other

Please give details of any health history for your child. Keep in mind that this information may have to be accessed in your absence. The more information that you give will be of benefit to your child and the caregiver.

If at any time, due to such circumstances as accidents, sudden illness or emergency, medical treatment is required, this may be given, including anesthetic, by private physician or hospital.

Parent Signature

Date

Additional Information

This section is meant to provide your caregiver with any extra information that would be useful in your absence. The information that you provide here can make an emergency situation a little less stressful for you and your children.

Describe your child's eating habits (include food likes/ dislikes):

Describe your child's bed time routine (include time, stories, favorite comfort toy Etc.):

Describe any fears or concerns that your child has. How do you help your child in these situations?

Please include any other information about your child that may be useful to the child care provider in your absence: (bus, school, language etc.)

Parent Signature

Date: