

Petawawa Military Family Resource Centre  
Emergency Childcare Plan

**Purpose:**

Families often think that they don't need a plan, especially if one parent is typically at home. An updated and complete Emergency Childcare Plan ensures that you are ready for any situation, including an emergency.

**How to complete this plan:**

1. Complete the following pages clearly and accurately
2. Identify who will hold a copy of the plan to be contacted in an emergency (*this could include a family member, co-worker, friend, neighbor, etc.*)
3. Print or provide a digital copy of the plan to that contact
4. Update the plan on a regular basis or if the information becomes outdated

If you have any questions or concerns, or if you would like an Emergency Family Care Assistance Kit with a physical copy of this form, the PMFRC Emergency Family Care Coordinator is available Monday to Friday from 8 AM – 4 PM at 613-687-1641 ext. 2230 or by email at [EFCC@PetawawaMFRC.com](mailto:EFCC@PetawawaMFRC.com) .

**24/7 Emergency Childcare in Petawawa**

In the event that your Family Care Plan has failed, there is a 24-hour emergency childcare service offered by the PMFRC you can contact:

- Monday to Friday, 8 AM – 4 PM: call 613-687-1641 ext. 2230
- Weekends/Holidays/After Hours: call 613-687-5511 ext. 5611

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Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Custodial Parent(s) \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Plan: \_\_\_\_\_

2.

**Regular Daily Care**

**Back Up Plan**

Care Provider's Name: \_\_\_\_\_  
Care Provider's Address: \_\_\_\_\_  
Care Provider's Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Regular Extended Care (weekends, holidays, evenings)**

**Back Up Plan**

Care Provider's Name: \_\_\_\_\_  
Care Provider's Address: \_\_\_\_\_  
Care Provider's Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Emergency Daycare (PMFRC services available)**

**Back Up Plan**

Care Provider's Name: \_\_\_\_\_  
Care Provider's Address: \_\_\_\_\_  
Care Provider's Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Emergency After Hours Care (PMFRC services available)**

**Back Up Plan**

Care Provider's Name: \_\_\_\_\_  
Care Provider's Address: \_\_\_\_\_  
Care Provider's Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Extended Alternate Care (deployments, transition times, illness)**

**Back Up Plan**

Care Provider's Name: \_\_\_\_\_  
Care Provider's Address: \_\_\_\_\_  
Care Provider's Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Be Ready ... Have your childcare plans in place**

3.

### **Emergency Contact Information**

Provide a list of names, addresses and phone numbers as an emergency contact list in the event that your childcare 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**



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 care provider if it is in the original prescribed container)

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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 care provider if it is in the original prescribed container)

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6.

**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 care provider.**

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**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**

7.

### Additional Information

This section is meant to provide your care provider 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):

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

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