



EMERGENCY CHILDCARE PLAN ~CHILDCARE INFORMATION FORM~

Child's Information

Name: _____ Date of Birth: _____
_____ Day / Month / Year

Address: _____ Phone: _____

Primary Language: English: French: Other: _____

Mother/Guardian

Father/Guardian

Name: _____ Name: _____

Bus. Tel: _____ Home: _____ Bus. Tel: _____ Home: _____

Address: _____ Address: _____

Health Care Information

Care Card Number (BC Med): _____

Primary Physician: _____ Phone: _____

Does your child suffer from any allergies (including pets)? Yes No

If yes, please specify: _____

Is your child required to take any prescription drugs on a regular basis?

Yes No

If yes, please specify: _____

Additional Medical Information

EMERGENCY CHILDCARE PLAN ~CHILDCARE INFORMATION FORM~

School/Childcare Information

Name of School/Childcare Provider: _____

Address: _____ Phone: _____

Specify and Identify Transportation Arrangements: _____

Before or After School Care: _____ Phone: _____

Emergency Contacts

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Daily Routine Information

Is there anything to consider when preparing food for your child? Yes No

If yes, please specify: _____

Is there an established bedtime routine? Yes No

If yes, please specify: _____

Does your child adapt well to new situations? Yes No

If not, what supports have helped in the past? _____

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Daily Routine (cont'd)

Does your child have any special fears?

Yes

No

If yes, please specify: _____

What method of guidance do you use in your home?

Please describe your child's behaviour. (eg-energy level, temperament)

Please describe your child's interests and activities:
