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Emergency Child Care Plan

An **Emergency Child Care Plan** is a written plan that describes both your regular arrangements for your child and those for an emergency. For example, if your regular arrangement is an infant at home with a parent, who will care for your child if that parent is in an accident while the other parent is deployed? What is your back up plan if this arrangement breaks down? **The Emergency Child Care Plan is not the Family Care Plan (DAOD 5044) that you file with your unit but is an additional resource to assist you in planning for child care emergencies.** The **Emergency Child Care Plan** describes in **detail** your child's situation on a day-to-day basis, including:

Emergency child care arrangements

- Who to contact
- Completed Child Information Form

Regular child care arrangements

- Parental care
- Care by relatives, friends, or babysitters
- Child care (preschool, day care, before and after school care)
- School
- After-school activities

Child Information Form

- Name (child's and yours), address, telephone
- Medical number
- Physician's phone number
- Allergies
- Health or behavioral concerns
- Child custody/access arrangements
- Interests, activities, and routines



The **Child Information Form**, included in this package, is prepared ahead of time and given to the friend or relative who you name as your emergency contact. Keep a copy for yourself in case you need to give it to a caregiver and **should be updated on an annual basis**.



Emergency Childcare Plan

Please complete one plan per child.

Background Information

Date of Plan: _____

Child's Name: _____ Sex: M F Birth (M/D/Y): _____

Parents(s) Name: _____

Address: _____ Phone: _____

Member Unit: _____ Work Contact number _____

Provincial Health Card Number: _____ Expiry Date: _____

Other Medical Insurance: _____

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

1. _____ Age: _____ 3. _____ Age: _____

2. _____ Age: _____ 4. _____ Age: _____

Language(s) spoken at home: _____

Regular Daily Care

Caregiver's Name _____

Caregiver's Address _____

Caregiver's Phone _____

Back Up Plan

Name: _____

Address: _____

Phone: _____

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: _____

If your child attends school or daycare please provide name, location/address, phone number, contact person and bus route information:



If your child attends regularly, scheduled extra-curricular activities please list name, days of attendance, location/address, phone number, contact person and how they normally get there and back.

Medical Information

Family Physician: _____ Phone#: _____

Address: _____

Family Dentist: _____ Phone#: _____

Address: _____

Please Complete the Following Questions

Give particulars (please 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)

Does your child have/had	Yes	No	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			
Up to date Immunization			
Other (please state)			



(Please update this document at a minimum annually)
CONSENT TO MEDICAL TREATMENT OF CHILDREN

I/We _____ and _____
(Mother/Guardian) (Father/Guardian)

Hereby authorize the individuals listed in my childcare 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 anesthetics 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 childcare plan to administer sunscreen and/or insect repellent to _____ if required.

Parent Signature

Instructions to Parents/Guardians:

Both parents should sign this form. If one parent is unable/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. This document should be reviewed annually or as needed based on your current situation. **This form is a suggestion only and it is recommended that you consult with both the Ministry of Health and a Lawyer before using this form.**



Health and Development History

Please describe any difficulties or serious illnesses 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 your child is taking medication, what is the medication and what is it for?

Has your child ever been to a dentist? Yes _____ No _____

Does your child have any dental problems? Yes _____ No _____

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 (include types of food/fluids she/he is now taking):

Fluids/Beverage: _____

Solids: _____



If allergies Are they severe enough to require emergency treatment or medication?

Yes _____ No _____

If yes please detail:

Has your child eaten peanut butter/nut products? Yes _____ No _____

Diet restrictions (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, (if applicable)?

Behavior Patterns and Habits

Describe your child's behavior and habits (e.g. temperament/energy level etc):

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:

Morning:

Afternoon:

Evening:



Describe any particular habits (thumbsucking, rocking etc) or attachments (favorite 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 views on guiding your child's behavior 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 so, what television shows are permitted?

Statement of Understanding

Revised October 2015





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 understand 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 childcare 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 understand the statement of understanding and all that it applies to within my childcare plan.

Signature of Parent

Date