

Prevention and Emergency Treatment Plan

Part 1 - Child Information

Name of Child: _____

Date of Birth: _____ MCP Number: _____

MCP Expiry: _____

Contact Information

Parent/Guardian: _____

Telephone: Home: _____ Work: _____ Cell: _____

Address: _____ Email: _____

Parent/Guardian: _____

Telephone: Home: _____ Work: _____ Cell: _____

Address: _____

Family Physician: _____ Telephone: _____

Other/Emergency contact:

Name: _____ Relationship: _____

Telephone: Home: _____ Work: _____ Cell: _____

Notify parents/guardian or emergency contact in the following situations:

List any other conditions that may affect the treatment of your child.

Part II — Prevention Plan

Allergen(s):

Historical symptoms of allergic reaction(s):

Allergen prevention for the child care home/child care centre homeroom:

Allergen prevention for special events at the child care service:

Allergen prevention for extra-curricular events/outings:

Part III — Emergency Treatment Plan

Part IV – Signatures

I have read and understand the Prevention and Emergency Treatment Plan and agree to the care described in this plan and the sharing of information relevant to the service requested with those who must know in order to provide the service.

I hereby request and authorize the child care service to provide the care described above to my child. I understand the trained persons have no medical qualifications and will perform the requested service in good faith and within the scope of the training received in accordance with this agreement. In the event of an emergency, I authorize the child care service to administer the device specified in This agreement and provided by me, and to obtain suitable medical assistance. I agree to assume responsibility for all cost associated with medical treatment.

I hereby acknowledge my responsibilities, as set out in these guidelines and agree to carry these out to the best of my ability.

I agree to notify the child care service in writing of any changes to the information provided on this form.

I agree that the information provided on this form will be shared on a need-to-know basis with anyone who will be involved in the care of my child on behalf of the child care service.

I agree to have relevant information about my child's health/medical condition available in strategic areas of the child care service (e.g. homeroom, food preparation area and same area as the child care licence or approval certificate) to assist in providing emergency services to my child.

Additional comments:

I agree that the administrator or his/her designate may contact my child's physician in the event of a medical emergency or should he/she require clarification about the child care service's responsibilities as set out in this agreement. ☐ Yes ☐ No

Parent/Guardian: _____ Date: _____

I hereby acknowledge and accept my responsibilities and those of the employees, students and volunteers who assume caregiver roles, as set out in this agreement.

Administrator (or designate): _____ Date: _____