

Appendix 1 - Child Profile



Early Learning and Childcare Facility
Child Profile

Registration Date _____ Start Date _____

Child's Name		First	Last	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth		Medicare #	Expiry Date		
Address	Street	Apt #	City/Town	Prov	Postal Code
Parent/Guardian Name			Email Address	Home Telephone Number	
Address	Street	Apt #	City/Town	Prov	Postal Code
(if different from child's)					
Place of Work			Work Telephone Number	Cell Telephone Number	
Parent/Guardian Name			Email Address	Home Telephone Number	
Address	Street	Apt #	City/Town	Prov	Postal Code
(if different from child's)					
Place of Work			Work Telephone Number	Cell Telephone Number	
Child's Living Arrangement					
Other than you, who has permission to pick up your child?					
Name	Relationship	Address		Daytime Telephone Number	

If changing pick up arrangements parents must inform the facility prior to the child being picked up.

Is there anyone who does not have permission to pick up your child?
Name _____
Name _____
Name _____

Appropriate paperwork such as custody papers must be attached if a parent is not permitted to have contact with the child. Please discuss with the operator/administrator.

Two emergency contacts (other than parents/guardians) Must be able to respond within one hour if parent(s)/guardian(s) cannot be reached			
Name	Relationship	Address	Daytime Telephone Number

Child's health record

<p>ALLERGY ALERT: Please list any serious allergies</p> <p>_____</p> <p>_____</p>
<p>Are any of the above allergies severe enough to require EpiPen, medications, or emergency treatment? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please complete an Allergy Management and Emergency Plan available from the operator.</p> <p>Please list any food, medication or contact allergies (non-life threatening)</p> <p>_____</p>
<p>Does your child require any essential routine services on a regular basis as part of a daily routine such as, catheterization, special hygiene procedures, on-going administration of medication, or ongoing observation of certain health conditions, such as diabetes, to determine when intervention is needed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please complete an Essential Routine Services and Emergency Plan available from the operator.</p> <p>Name of Medical Practitioner _____</p> <p>Telephone Number _____</p> <p>Address _____</p>

Medical History: Please indicate if your child has had any of the following:					
	Yes	No		Yes	No
Measles			Rubella		
Mumps			Chicken Pox		
Meningitis			Pertussis (Whooping Cough)		
Health Status: Indicate if your child has any of the following:					
	Yes	No		Yes	No
Asthma			Diabetes		
Eczema/Psoriasis			Epilepsy/Seizures		
Other:			Other:		
Ongoing Medical Treatment: Please indicate any ongoing medical treatment your child may need (you will be required to complete an Administration of Medication form)					
Name of medication			Dosage		
Condition being treated					
Name of medication			Dosage		
Condition being treated					
Immunizations: In accordance with subsection 12(2) of the <i>Reporting and Diseases Regulation - Public Health Act</i>, proof of immunization must be provided for each child attending an early learning and childcare facility for the following:					
diphtheria	rubella	mumps			
tetanus	varicella	measles			
polio	meningococcal disease	Haemophilus influenza type B			
pertussis	pneumococcal disease				
Where proof is not provided you must have the following waivers:					
- a medical exemption, on a form provided by the Minister of Health, that is signed by a medical practitioner or nurse practitioner, or					
- a written statement, on a form provided by the Minister of Health, signed by the parent or legal guardian of his or her objections to the immunizations required by the Minister.					
Note: Public Health will periodically review child files to ensure immunizations are complete or waivers are present.					
Are there any activities in which your child cannot medically participate?					
Please list any dietary restrictions (including those for medical, cultural, religious reasons):					

Please advise the operator/administrator immediately of any changes to your child's health.

Preschool/childcare history

Has your child attended preschool/childcare before? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, for how long? 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> more than 2 years <input type="checkbox"/>
If yes, please describe your child's experience:

Child development

Self Help: Does your child need help with the following? If yes, in what way?	
Dressing/Undressing:	
Eating:	
Toileting:	
Handwashing/Toothbrushing:	
Other: (ie: gross and/or fine motor skills)	
Are there any hints/suggestions that will make your child's transition to the facility a positive one?	
Tell us a few things about your child	
What does your child like to do? (i.e.: look at books, listen to music, play with other children, play outdoors/indoors, toys, climb/run/jump, paint, computer, imaginative play/dress-up)	
Is there anything else you would like to share with us about your child?	
Parent/Guardian Signature	Date
Parent/Guardian Signature	Date

**Information on this form is to be verified for accuracy annually.
Please immediately advise the operator/administrator of any changes.**

Appendix 2 - Consent Form



Early Learning and Childcare Facility
Consent form

Please complete this consent form and return to the facility

Name of ELC facility: _____

Child's Name	Date
Consent for emergency care and transportation	
<p>If at any time medical treatment is necessary, due to circumstances such as an injury or sudden illness, I authorize the early learning and childcare staff to take whatever emergency measures are necessary for the protection of my child while in their care.</p> <p>I understand this may involve applying first aid, contacting a medical practitioner, carrying out the instructions given, and/or transporting my child to a hospital, including the possible use of an emergency vehicle.</p> <p>I understand that this may be necessary prior to contacting me and that any expense incurred for such treatment, including emergency transportation is my responsibility.</p>	
Parent/Guardian Signature	Date
Parent/Guardian Signature	Date
PLEASE INDICATE YOUR CONSENT AND SIGN AT THE BOTTOM OF THE FORM	
Administration of acetaminophen consent	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>I give consent for acetaminophen to be administered to my child providing I have been contacted first to provide oral consent and to indicate the dosage.</p> <p>On picking up my child at the facility I understand I will be asked to sign a written acknowledgement that acetaminophen was administered with my consent.</p> <p>I also understand that the acetaminophen is to relieve my child of minor discomfort or to help lower a fever while I am on my way to pick them up (within one hour).</p> <p>Reason: Fever above _____ Celsius Body ache _____</p> <p>Other _____</p>
Consent for my child to be taken on walking outings/excursions off the premises	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>As a part of the day, walking trips may be taken off the premises, within the neighbourhood. Consent will provide more flexibility and allow for more spontaneity in the planning.</p> <p>Consent forms for any motor transportation trips will be separate and for each outing.</p> <p>I give permission for my child to be able to participate in the walking trips off the premises.</p>

Consent for videographing and photographs	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give consent for my child to be videographed or photographed participating in the facility for the following reasons: <input type="checkbox"/> Yes <input type="checkbox"/> No Social Media such as Facebook <input type="checkbox"/> Yes <input type="checkbox"/> No Facility's website <input type="checkbox"/> Yes <input type="checkbox"/> No Publication <input type="checkbox"/> Yes <input type="checkbox"/> No Illustrate child's learning within the facility
Consent for child to walk/bicycle to and from school unattended (school-age children only)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I give consent for my school-aged child to travel to and from school unsupervised. If my child does not arrive at the facility within the pre-determined time period, the missing child or other procedures will be initiated to find him/her. I will advise the facility when my child is absent.
Consent for transportation to and from school (school-age children only)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I authorize the operator to transport my child to and from school by the authorized facility vehicle or by walking. Where applicable, appropriate seat restraints are used.
Consent for bathing	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I give permission to bathe my child if this becomes necessary due to the child becoming dirty while at the facility; either through play (paint, mud, sand, etc.) or because of a toilet accident. Also applies to overnight care where bathing is part of the night time routine. To ensure the health and safety of children who may require bathing, children must be: <ul style="list-style-type: none"> • bathed individually and supervised according to developmental needs; • never left unattended; and • bathed as quickly as possible and dressed appropriately. Staff will supervise or bathe the child upon instructions of the parent according to their age, adhering to safety standards. Bathtubs will be equipped with a nonskid mat or surface.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have read, understand and been provided a copy of the facility's parent/guardian handbook.
Parent/Guardian Signature	Date
Parent/Guardian Signature	Date