CHILD PROFILE

Reset

Registration Date_____ Start Date_____

CHILD/FAMILY INFORMATION:

Name of child:_____ Male☐ Female☐

Date of Birth_____ Medicare #_____Expiry Date_____

Name of Family Physician_____Telephone_____

Address _____

ALLERGY ALERT: Please list your child's allergies

_____ _____ _____

_____ _____ _____

Home Address _____ Apt #_____City _____

Postal Code _____Phone # _____ Cell# _____ Email Address_____

Mother/Guardian Name _____ Father/Guardian Name _____

Place of Work (Mother) _____Work Phone # _____

Place of Work (Father) _____Work Phone # _____

Marital Status: Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐

With whom has the child lived for most of the past year? Mother ☐ Father ☐ Both ☐

Guardian ☐ Other (specify) _____

Who has permission to pick your child up from the center? _____

_____

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

Is there anyone who does not have permission to pick your child up from the center? _____

_____

EMERGENCY CONTACTS (Not including parents/guardians)

1. **Name** _____ **Address** _____

   Telephone # _____ **Relationship** _____

2. **Name** _____ **Address** _____

   Telephone # _____ **Relationship** _____

PRESCHOOL/CHILD CARE HISTORY

Has your child attended preschool/child care before? Yes☐ No ☐

If yes, for how long? 6 months ☐ 1 year ☐ 2 years ☐ more than 2 years ☐

CHILD HEALTH RECORD

Immunizations: In accordance with regulation 12(2) of the Public Health Act, proof of immunization must be provided for each child attending a child day care centre for the following:

diptheria	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, that is signed by a medical practitioner or nurse practitioner, or
- a written statement, on a form provided by the Minister, 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

Medical History: **Health Status:**

Please indicate if your child has **had** any of the following: Indicate if your child **has** any of the following:

Medical History	Yes	No	Health Status	Yes	No
Measles	☐	☐	Asthma	☐	☐
Rubella	☐	☐	Diabetes	☐	☐
Mumps	☐	☐	Eczema/Psoriasis	☐	☐
Chicken Pox	☐	☐	Epilepsy/Seizures	☐	☐
Meningitis	☐	☐	Other	☐	☐
Pertussis (Whooping Cough)	☐	☐			

Medical Treatment: Please indicate medical treatment your child may require.

Name of Medication_____ Dosage _____

Instructions: _____

Emergency Treatment: Please indicate any situations where emergency treatment and/or medication (s) may be required by your child (i.e.: Epipen, puffers/inhalers, Benadryl).

Instructions: _____

Allergies: a) Please list any medication allergies: _____

b) Please list any food allergies: _____

c) Any other allergies? _____

Additional Information: Indicate if there are any activities in which your child **cannot participate.**

_____

CHILD DEVELOPMENT

Self Help: In what way does your child need our help with the following self-help skills?

Dressing/Undressing: _____

Eating: _____

Toileting: _____

Handwashing/Toothbrushing: _____

Other: (ie: gross and fine motor skills) _____

Are there any hints/suggestions you could share with us to make your child's transition to the centre a positive one? _____

_____

The "Good Things in Life": 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/TV, imaginative play/dress-up)

_____

_____

_____

Is there anything else you would like to share with us about your child?

_____

_____

Name of child: _____ Date: _____

PARENTAL CONSENT FOR EMERGENCY CARE AND TRANSPORTATION

If at any time, due to circumstances such as an injury or sudden illness, medical treatment is necessary, I (we) authorize the operator/administrator/staff of _____, to take whatever emergency measures are necessary for the protection of (our) my child while in their care.

I understand this may involve applying first aid, calling a physician or nurse, carrying out the instructions given, and/or transporting my (our) child to a hospital, including the possible use of an emergency vehicle.

I understand that this may be necessary prior to contacting me (us) and that any expenses incurred for such treatment, including emergency transportation is my (our) responsibility.

ADMINISTRATION OF MEDICATION RECORD – Acetaminophen

This authorizes staff of _____ to administer acetaminophen to

(Name of child)_____ providing the procedures outlined below have been taken.

At the first appearance of symptoms (i.e. Fever), proceed as follows: **(To be completed by the parent)**

_____

1. Take and record the child's temperature and symptoms on the Potential Illness form.
2. Contact the parents to discuss the symptoms and the child's temperature and to receive the parent's oral consent for administering acetaminophen. Be sure to have the parent confirm with you the dosage to be administered.
3. Administer the medication in accordance with the parent's directions and record on the Administration of Medication form.
4. Ensure that the parent signs the appropriate space on the Administration of Medication form upon their arrival at the day care centre to confirm that he/she was consulted and is in agreement with the dosage given.

CONSENT FOR OUTINGS, EXCURSIONS, ACTIVITIES OFF THE PREMISES OF THE DAY CARE FACILITY

I _____ the parent/guardian(s) of _____

authorize the operator/ administrator/ staff of _____ to take my (our) child on outings, excursions and activities away from the facility, either on foot or in a vehicle providing the driver and said vehicle are properly insured for the carrying of passengers.
I (we) understand that I (we) will receive advance notice of each planned outing, excursion, or activity away from the premises.

Parent signature _____ Date _____

Parent signature _____ Date _____

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