

Emergency Child Care Plan

WHAT IF... you or your child's primary caregiver are unable to provide care for your child(ren)? What are your alternate plans for your child(ren) in an emergency situation or if your partner is away on duty/deployment?

Members are responsible for ensuring they have an emergency child care plan in place to accommodate deployments/emergencies. These plans are valuable tools in preventing possible parent and caregiver emergencies and in reducing stress that may occur if your regular child care arrangements fail.

Fill it out and give it to a friend or relative who can care for your child in an emergency. Prepare a form for each child in your family. Keep a copy for yourself to give to a caregiver as part of your back-up plan (e.g. if your regular emergency contact is unavailable). If your current child care arrangement is not working and you need to establish a new child care plan - the MFRC can help!

Mother/Guardian Information

Name:		
Street:		
City:	Province:	Postal:
Day Phone: ()	Evening Phone: ()	

Father/Guardian Information

Name:	Address – same as above: Yes / No	
Street:		
City:	Province:	Postal:
Day Phone: ()	Evening Phone: ()	

Child's Information

Name:	Address – same as above: Yes / No	
Address:	Province:	Postal:
Date of Birth:	Primary Language:	

Emergency Contacts:

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

Child Care/School Information

My child is cared for at home by a parent or relative: Yes / No

My child attends (circle any that are applicable): Preschool, Child Care Facility, School

- Name of Preschool, Child Care Facility or School: _____
- Address: _____ Phone: _____

My child attends Before/After School Care): Yes / No

- Name of Before/After School Care Provider (if applicable): _____
- Address: _____ Phone: _____

Transportation Arrangements: _____

Basic Health Care Information

Care Card Number (BC Med): _____

Primary Physician: _____ Phone: _____

Does your child have any allergies (including pets)? Yes / No

If yes, please specify: _____

Is your child required to take any prescription medication? Yes / No

If yes, please specify: _____

Daily Routines

Please describe your child (e.g. energy level, shy/outgoing):

Please describe your child's routines and activities in a typical day:

