

Child Information Form

Parents please fill out completely; This information is extremely important and must be filled out accurately. Only to be filled out if your child has allergies, a medical condition and/or special dietary needs ***If this does not apply to your child please do not fill it out.***

Child's First/last Name: _____ age _____ date of birth: day _____ month _____ year _____

1. Is your child ANAPHYLACTIC? ____ YES ____ NO - If you answered yes, please fill out an Anaphylactic Emergency Plan available on our website.

If yes, we require 2 epi pens onsite for the childcare alone, should the school require an epi pen, it will be in addition to the two provided for the childcare. Please check expiry date to ensure they are current before their first day of school.

What is the allergy _____

2. Does your child have an ongoing medical condition i.e. asthma, fevral seizures, etc. ? ____ YES ____ NO .

If you answered yes please fill out an Individual Medical Emergency Plan available on our website.

What is the condition? _____

3. Does your child have any other allergy (other than anaphylaxis) YES NO

If yes what is the allergy _____

What is/are the reaction/symptoms _____

What are your instructions: _____

4. Is your child: (circle which applies to your child)

Vegetarian Vegan Gluten Free Dairy-free Lactose-free

We do not serve pork, only beef, fish, chicken for non-vegetarian lunches. If your child requires a Halal meal, he/she will be served a vegetarian meal.

5. Parent Contact information: please fill out completely with current numbers

First parent to contact:

Name _____ Cell# _____ work# _____

Second parent to contact:

Name _____ Cell# _____ work# _____

6. Backup Person in an emergency (other than parent)

Name: _____ relationship to child _____ phone number _____

It is important that the numbers and contacts you provide are current and that the back up person is available in the event of an emergency.

Parent signature _____ Date _____