



Esquimalt Military Family Resource Centre

Navigator

Routine and Backup Care Plan

This planning package is for families with children who have special needs. It can also be helpful for parents who have special needs or health concerns and want to plan options for their children. It is intended to help identify support issues, to assist in creating a back-up plan and to prepare families for an emergency.

Quality child care is important to every family. When things change unexpectedly, your child care plan may change too. This form allows you to think through your regular child care plan and designate some backup plans. There is room for you to list your family's particular needs. Complete this form and try to keep it updated to make things easier if you have to call one of your back up caregivers.

Mother/Guardian Information

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

Father/Guardian Information

Name:	Address – same as above: Y / N	
Street:		
City:	Province:	PC:
Day Phone: ()	Evening Phone: ()	

Children's Information

Street:		
City:	Province:	PC:
Phone: ()	Primary Language:	

1. Name: _____ Date of birth (D/M/Y): _____
2. Name: _____ Date of birth (D/M/Y): _____
3. Name: _____ Date of birth (D/M/Y): _____

School/Childcare Information

Name of School/Childcare Provider: _____

Address: _____ Phone: _____

Specify and Identify Transportation Arrangements:

Before or After School Care: _____

Address: _____ Phone: _____

Basic Health Care Information

Care Card Number (BC Med): _____

Primary Physician: _____ Phone: _____

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

If yes, please refer to page 3.

Is your child required to take any prescription drugs on a regular basis? Yes / No

If yes, please refer to page 4.

Emergency

How can you be contacted while you are away? _____

Emergency Contacts: To be contacted if you cannot be reached?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Tip: Talk to your emergency contacts about this child care plan.

Provide them with a copy or tell them where you keep it.

Allergies

Does the child have any allergies: Yes / No

If yes, please list all allergies: _____

Diet

Please outline any specific dietary requirements and list foods he/she should not eat: _____

What food does the child particularly like? _____

What food does the child particularly dislike? _____

Other information to know about meals: _____

Medication & Medical Information

Primary Physician: _____ Phone: _____

Pharmacist: _____ Phone: _____

Specialist: _____ Phone: _____

Special information and precautions: _____

Name of Medication:	
Time Given:	Dosage:
Purpose:	
Side Effects:	
Administration Method:	

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If your child needs special support and care with activities of daily living please go on to complete the next section. Please specify type and degree of assistance required in each area.

Eating: Right handed / Left handed

Bathing/Showing, if necessary during care:

Dressing:

Using the toilet:

Evening routine, including usual bedtime:

Mobility:

Additional information on care, adaptive equipment, etc.

**Adapted from Emergency Childcare Plan, Esquimalt MFRC and from Community Options Respite Care Fact Packet.