










EMERGENCY CHILD CARE PLAN

PRIMARY CAREGIVER AND CHILDREN'S INFORMATION

Parent or Guardian Information 			
Name:		Telephone:	
Name:		Telephone:	
Child(ren)'s Names	Date of birth	Health Card #	Allergies

IMPORTANT CONTACTS AND DAILY SCHEDULE


Contacts	Telephone	Address
Family Doctor 		
School(s) 		
Child Care 		


	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 							
Afternoon 							
Evening 							



EMERGENCY CHILD CARE


Caregivers who can be contacted at a moment's notice and would be available for daytime or overnight care.

Caregiver #1 	
Contact Name:	Contact Telephone:
Contact Address:	
Relationship to family:	
Important Information:	

Caregiver #2 	
Contact Name:	Contact Telephone:
Contact Address:	
Relationship to family:	
Important Information:	


NON-EMERGENCY CHILD CARE


Individuals who are available for scheduled daytime or evening care.

Caregiver #1 	
Contact Name:	Contact Telephone:
Contact Address:	
Relationship to family:	
Important Information:	



NON-EMERGENCY CHILD CARE (CONTINUED)

Caregiver #2 	
Contact Name:	Contact Telephone:
Contact Address:	
Relationship to family:	
Important Information:	

Caregiver #3 	
Contact Name:	Contact Telephone:
Contact Address:	
Relationship to family:	
Important Information:	

SPECIAL INSTRUCTIONS

Routines, medications, comfort items (blanket, toys, etc), car seats, school bus #, pet information.
