

PINETREE COMMUNITY CENTRE CHILD CARE PLAN

Date: _____

Child's Name: _____ Child's Legal Name: _____

Medical Number: _____

Name of physician: _____ Physician phone number: _____

Parent or Legal Guardian: _____

Contact Phone: (Home) _____ (Cell) _____

Mother or Guardian work phone: _____

Father or Guardian work phone: _____

Other contact name, phone number, relationship: _____

Indicate what medical condition the child has that may require emergency care:

Describe the symptoms that may be observed:

Describe the necessary action that is needed to appropriately treat this condition:

1. _____
2. _____
3. _____
4. _____

If yes, what medication and at which step as outlined above:

Parent's signature: _____