

LICENSED PRESCHOOL

JUAN DE FUCA RECREATION CENTRE EMERGENCY FORM

Please complete and return to Reception Desk prior to start of program.



Program Name:

Location

Session Dates:

Age

Personal Information

CHILD'S NAME:

BIRTHDATE:

Name Child Responds to:

SEX

Male or Female

ADDRESS:

Parent/Guardian

Home Phone
Work Phone
Cell Phone

Parent/Guardian

Home Phone
Work Phone
Cell Phone

Child's Medical Doctor

Phone #

Child's Dentist

Phone #

Child's Medical Insurance #

Emergency Contact #1:

Phone #

Emergency Contact #2:

Phone #

Child Release

Please list ALL the people who are allowed to pick up your child. Children are not allowed to leave with any other person with out **WRITTEN AUTHORIZATION** from a parent or guardian.

#1:

Ph. #

Relationship:

#2:

Ph. #

Relationship:

#3:

Ph. #

Relationship:

Experience

Has your child had previous experience away from home? (Day Care, Preschool, Sunday School, Etc.)

Where:

Dates of Attendance:

See Over

Health & Special Considerations

What special consideration should we be aware of, to better meet your child's needs. (Check Appropriate Boxes)

Hearing	<input type="checkbox"/>	Speech	<input type="checkbox"/>	Emotional/Psychological	<input type="checkbox"/>
Visual	<input type="checkbox"/>	Intellectual (Mental)	<input type="checkbox"/>	Multiple Disabilities	<input type="checkbox"/>
Physical	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Seizures	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	ADHD/ADD	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Behavioral Concerns	<input type="checkbox"/>	Medical or Health Conditions/Restrictions	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	No Considerations	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

Explain further what these considerations are?

How can our staff better meet your child's needs?

A Staff Member may contact you for further clarification.

Discipline

How do you discipline your child at home? What strategies work best?

Please Explain:

Are there issues that we should be aware of regarding your child's interaction with staff/other children? YES NO

Please Explain:

EMERGENCIES

1. It is our policy that we notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and need to get immediate help for the child. In such cases, our procedure is to call Emergency Services (911).
2. Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to JdF Administration; this consent would go along with your child to the emergency center.

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS IF I CANNOT IMMEDIATELY BE REACHED.

SIGNATURE OF PARENT/GUARDIAN: DATE:

PHOTOS

Sign below if you **CONSENT TO** photos of your child (taken in our programs) to be used in future JdF promotional material.

SIGNATURE OF PARENT/GUARDIAN: DATE:

PRESCHOOL EMERGENCY FORM

Custody Orders

Are there any Custody Orders? YES NO If YES Please Attach.

Basic Immunization Schedule — Vancouver Island Health Authority — South

Please indicate the date immunizations were received:

1st Visit @ 2 months	2nd Visit 2 months after 1st	3rd Visit 2 months after 2nd.	4th Visit @ 12 months of age	4th Visit @ 12 months after 3rd visit.	5-6 Years	Grade 6	Grade 9
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DATE Of Immunization								
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Diphtheria	•	•	•		•	•		•
Pertussis	•	•	•		•	•		•
Tetanus	•	•	•		•	•		•
Poliomyelitis	•	•	•		•	•		
HIB (1)	•	•	•		•			
Hepatitis B	• (2)	• (2)	• (2)				• • (3)	
Pneumococcal Conjugate	• (4)	• (4)	• (4)		• (4)			
Measles/Mumps/Rubella				•				
Meningococcal C Conjugate	5			• (5)			• (7)	• (7)
Varicella (Chickenpox)				• (8)		• (9)	• (9)	

- HIB protects against Haemophilus influenza B which may cause meningitis.
- Hepatitis B immunization program for Children born on or after January 1, 2001.
- Grade 6 Hepatitis B for children who were not previously immunized.
- Pneumococcal Conjugate for children born on or after July 1, 2003
- Meningococcal C Conjugate:
 - for children born on or after April 1, 2005 one dose at 2 months of age and one dose at 1 year of age.
 - for children born on or after July 1, 2002 one dose at 12 months of age.
- All First Nations Children ages 2-59 months, should receive an age-appropriate series of Pneumococcal Conjugate vaccine.
- Grade 6 and Grade 9 Meningococcal C Conjugate:
 - for children who were not previously immunized.
- Varicella (Chickenpox) for children, born on or after January 1, 2004, who have not had chickenpox disease, shingles or previous dose of Varicella vaccine.
- Varicella (Chickenpox) for children who have not had chickenpox disease, shingles or previous dose of Varicella vaccine.