



A place for your child to grow and for you, peace of mind

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110 Gordon Drummond Ave.
Stoney Creek, Ontario
L8J 1P5

Emergency Information

Surname

Child's First Name

MM // DD // YY
D.O.B

Health Card

Allergies/Concerns

Home Address

Postal Code

Home Phone

Physician Information

Physician Name

Address

Phone Number

Allergies

Epi Pen Required? Yes No

If your child requires an EPI pen please review the Centre's Anaphalatic emergency action plan and provide the required photo and documentation.

Medical Treatment Release

If at any time emergency medical treatment is necessary for my child, I give consent for it to be given, I understand that every effort will be made to contact either parent.

I have read, and understand and agree to abide with the Health and Illness policy.

I understand that all prescribed medication must be in the original container, labeled with the child's name, name of medication, date, instructions for dosage and storage, and the physicians' name.

**A medication form must be filled out for all prescribed medicines. Please ensure that no medication is left in your child's backpack

Date: _____

Signature: _____

Health Policy and Communicable Disease

I have read and fully understand the Health Policy listed in the Parent Handbook. I will adhere to all policies and in the event that my child experiences any illness or disease or is absent from the daycare for more than 2-3 days a note must be provided from a physician, and or 24 hours is required and/or full treatment to allow clearance for my child to return to daycare.

If my child becomes ill during the day, temporary care will be provided until a parent or emergency contact can be notified.

Date: _____

Signature: _____

Dealing With Seizures

In the even that your child may have a seizure the supervisor will call an ambulance. Parents will be liable for all expenses not covered by your health plan. Seizures may be caused by several factors, high fever, allergies, epilepsy, head injuries, or poisons. I have read and understand that I must pay for all related expenses in the case of and emergency.

Date: _____

Signature: _____