

RELIEF CAREGIVER INFORMATION

(PLEASE ATTACH ADDITIONAL INFORMATION ON A SEPARATE PAPER IF THERE IS NOT ENOUGH SPACE PROVIDED.)

Relief Caregiver's Full Name address & phone number:		
Child's Full Name	Child's Birth Date	
Child's Foster Parent's Name	Foster Parent's Contact Phone Numbers	
Relief Dates _____ to _____	Pick up time on last day	\$ - Agreed Rate

Reporting

Relief Caregivers have an obligation to report any emergency, injury or need for medical attention.

Contact the Child's Social Worker in case of Critical Incident, Injury or other Emergency during the weekday hours of 8:30 a.m. to 4:30 p.m. at (250) _____ or (250) _____ Child's Social Worker's Name: _____ Foster Parent's Resources Social Worker: _____ Contact #: _____ MCFD After Hours Emergency Number: 1 (800) 663-9122	
If the Child / Infant is in Care By an Agreement: Parents or Guardians Name, Address & Phone Number	
Foster Parent Support Line 1 (888) 495-4440	24 Hour BC Nurse Helpline 811
Poison Control 1 (800) 567-8911	Other

Access Restrictions / Requirements

Visit Schedule: Include – Dates, Times, Location, Who transports

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Medical Issues

Child's MSP Number	Child's Doctor's Name	Address	Phone Number

Medical Diagnosis, Needs and/or Special Equipment/Aid Requirements: E.g. Allergies, wheelchair, sleeping wedge, feeding tube, insulin pump etc. PLEASE INCLUDE and ATTACH DETAILED INSTRUCTIONS of proper use of the specialized equipment/aid.

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List Prescription & Non Prescription Medication

Medication	Dosage	When to Give

Immunizations: All Immunizations are up-to-date Yes / No

If No, the next immunizations are due on the following date:

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Infant's Daily Routine

Feeding Schedule

Formula

Water and/or Juice

Solids

Snacks

Other

Sleep Schedule

Always place infant on his/her back, in an approved crib for every sleep. See attached – “Every sleep Counts” Or <http://www.bestchance.gov.bc.ca/tools-and-resources/key-resources/index.html>

Child's Likes & Dislikes Including any Known Fears, Special Toys etc

Methods Used to Soothe Child / Infant (e.g. does Infant use a soother, suck thumb or fingers?)

Extracurricular Activities

Date & Time of Professional Appointments (i.e. paediatrician, counsellor etc)

Name & Phone Number of Child's School/Daycare:

Name of Teacher:

Name of Learning Assistant and/or Aboriginal Advocate:

Name of Care provider at Daycare:

Foster Parent ~ Please the following:

- The Relief Caregiver will be present and in charge for the period of the Child/Infant minding.
- The Child's Social Worker has approved this relief placement.
- The Relief Caregiver will maintain a daily log on the child and give it to the child's foster parent.
- The Relief Caregiver has watched Period of PURPLE CRYING
- The Relief Caregiver has a Safe Babies Certificate. (If caring for a child under the age of 2)
- The Relief Caregiver has taken Infant & Child CPR. (If caring for a child under the age of 2)
- The Relief Caregiver has had a Criminal Record Check in the last 3 years.
- The Relief Caregiver understands the confidentiality requirements.
- The Relief Caregiver understands what to do and who to contact in an emergency.
- The Relief Caregiver knows the legislated Right of Children in Care.
- The Child will be cared for in a smoke free environment.
- Refer to Standards for Foster Homes F.1 – Alternate Care Arrangements (page 37 – 39)
- Refer to Standards for Foster Homes E.2 – Environment of Care (page 31-35)

After the relief care is provided, please return this form to the Foster Parent along with any other confidential information about this child in care.

FOSTER PARENT(S) – PLEASE ENSURE THIS FORM GOES INTO THE CHILD’S LOG BOOK SO IT CAN BE GIVEN TO THE CHILD’S SOCIAL WORKER FOR THE CHILD’S FILE. PLEASE COMPLETE THIS FORM EACH TIME THE CHILD GOES FOR RELIEF.

Foster Parent(s) Name _____
(Please Print)

(Please Print)

Foster Parent Signature: _____

Date: _____

Foster Parent Signature: _____

Date: _____

RELIEF CAREGIVER(S)

Relief Caregiver(s) Name _____
(Please Print)

(Please Print)

Relief Caregiver(s) Signature: _____

Date: _____

Relief Caregiver(s) Signature: _____

Date: _____