

Infant Relief Care

(Infant – a child under 2 years of age)

Relief Caregiver's Full Name address & phone number:		
Infant's Full Name	Infant's Birth Date	
Infant's Personal Health Number (PHN)	Infant's Physician's Name & Phone Number	
Infant's Foster Parent's Name	Foster Parent's Contact Phone Numbers	Date
Relief Dates _____ to _____	Pick up time on last day	\$ - Agreed Rate

Reporting

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

Contact the Infant'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) _____	
Infant's Social Worker's Name:	
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:

Medical Issues

Medical Issues Including Allergies:

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:

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>

Likes & Dislikes Including any Known Fears, Special Toys etc
Methods Used to Soothe Child / Infant (eg does Infant use a soother, suck thumb or fingers?)
Wake-Time or Playtime Tips

Foster Parent ~ Please ✓ the following:

The Relief Caregiver will be present and in charge for the period of the Child/Infant minding.

The Infant's Social Worker approved this relief placement.

The Relief Caregiver has a Safe Babies Certificate.

The Relief Caregiver has watched Period of PURPLE Crying.

The Relief Caregiver has had a Criminal Record Check in the last 4 years.

The Relief Caregiver has taken Infant & Child CPR.

The Relief Caregiver understands the confidentiality requirements.

The Relief Caregiver understands what to do and who to contact in an emergency.

The Infant will be cared for in a smoke free environment.

Refer to Foster Standards for Homes F.1 – Alternate Care Arrangements (page 37 – 39)

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.