



***Parent/Guardian Registration
Package***

Procarecentre@gmail.com

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Ottawa, Ontario
K1Y0X6
613)695-7762*

CONSENT FORMS

EMERGENCY MEDICAL TREATMENT

Every effort will be made to reach the parents in the event of a medical emergency, however, we require your permission to authorize any Doctor to give necessary treatment in the event of an emergency.

I hereby grant permission to *PROCARE Family Centre* to take necessary to obtain emergency medical care for (your child)

These steps may include but are not limited to the following:

- Attempt to contact a primary/secondary contact
- Attempt contact the emergency contact person(s)

If we cannot reach any of the contacts provided, we will call an ambulance and if necessary have the child taken to the hospital, in the company of the Director.

Any expenses incurred under the circumstances listed above will be paid by the child's family.

PROCARE Family Centre is not responsible for any incident that may occur as a result of false information given at the time of enrollment or neglect to update emergency contacts if changed from date registration form was filled out.

Please attached a photocopy of the child's immunization records.

Parent/Guardian Name: _____

Signature: _____ Date(dd/mm/yyyy): _____

Director/Supervisor's Signature: _____

SUNSCREEN APPLICATION

PROCARE Family Centre uses during the summer months. If you wish to supply your own, please label it with your child's name and place in their cubby. Sunscreen must be SPF 35+

I hereby give consent to PROCARE Family Centre to apply sunscreen to my child.

Child's Name: _____

This is authorized for the length of enrollment with PROCARE Family Centre.

Parent/Guardian: _____

Signature: _____ Date (dd/mm/yyyy): _____

Director/Supervisor's Signature: _____

BUM CREAMS INCLUDING VASELINE

I hereby give PROCARE Family Centre permission to apply bum cream I provided including Vaseline to my child's diaper area during changes when and if my child's diaper area is red, irritated or have a rash.

Parents must provide an unopened container of cream that is clearly labelled with the child's name and can remain at daycare.

This is authorized for the length of enrollment with PROCARE Family Centre.

Wipes are provided by PROCARE Family Centre and a charge of \$10 is added to your fee every 3 months. Parents are to provide diapers.

Parent/Guardian: _____

Signature: _____
(dd/mm/yyyy)

Date _____

Director/Supervisor's Signature: _____

CONTACT INFORMATION

Child's Name: _____ M
F

Date of Birth (dd/mm/yyyy) _____

Address: _____

City: _____ Postal Code: _____

Primary Contact Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail: _____

Work Address: _____

Secondary Contact Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail: _____

Work Address: _____

Language(s) Spoken at Home: _____

In case of an emergency I give PROCARE Family Centre staff if unable to contact primary and secondary contact I/we give permission to the daycare to contact the person(s) below and also grant the following person(s) permission to pick up my child if needed.

Full Name: _____

Home Address: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Full Name: _____

Home Address: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian Name: _____

Signature: _____

Date (dd/mm/yyyy): _____

CLIENT MEDICAL INFORMATION

Child's Name: _____

Birthdate: _____
tional)

Health Card #(op- _____

Primary Contact Name: _____

Relationship to Child: _____

Address: _____

Postal Code: _____

Home Number: _____

Cell: _____

Work Number: _____

E-mail: _____

Secondary Contact Name: _____

Relationship to Child: _____

Address: _____

Postal Code: _____

Home Number: _____

Cell: _____

Work Number: _____

E-mail: _____

Hospital of Choice: _____

Doctor's Name:

Address:

Phone Number:

Please list any transmittable diseases, major illnesses or injuries or diagnoses that your child may have/had:

List any allergies that your child has and the symptoms or reactions:

Does your child take any on-going medication? What type? Reason?

Please list any restrictions: