

## Registration Check List

The following has been included to help ensure that you have completed all registration procedures.  
**Please return this sheet along with the rest of your documents.**

Have you:

- ☐ completed a registration form and paid the non-refundable registration fee?
- ☐ submitted all cheques outlined in the Tuition and Conditions Contract?

Completed and submitted:

- ☐ the Tuition and Conditions Contract?
- ☐ the Release form?
- ☐ **three** Emergency Consent Cards (Note that it is the parent's responsibility to update all relevant information)?
- ☐ the Childcare Facilities Registration form?
- ☐ **two copies** of one of these:
  - ☐ your child's BC Child Health Passport (*preferred*)
  - ☐ the Immunization Information form
  - ☐ your child's immunization records
- ☐ the Emergency Earthquake Comfort Kit?
- ☐ the permission to use photos form?
- ☐ the consent to share email and phone numbers form?
- ☐ the acknowledgment of the Parent Guide and Policy Manual?
- ☐ the Permission to Administer Medication form
  - ☐ Check here if the Permission to Administer Medicine form is not applicable to your child
- ☐ the Allergy Alert form
  - ☐ Check here if the Allergy Alert form is not applicable to your child
- ☐ the Allergy/Asthma Watch form
  - ☐ Check here if the Allergy/Asthma Watch form is not applicable to your child
- ☐ a copy of your child's Birth Certificate?
- ☐ pictures of your child as indicated below?



We have several classroom activities planned that require photographs of your children.

Please provide the following photos when you return your forms:

**5** current photos showing only your child (3 of the 5 to be included in Emergency Consent Cards)

**1** baby picture of your child

**1** family photo

Thank you!

## Tuition and Conditions Contract

Child's Name: \_\_\_\_\_  
2-Day Immersion Class                      3-Day Immersion Class                      Francophone Class

The undersigned agrees to the following:

Upon acceptance the following will be submitted:

- ☐ A deposit of one month's tuition, dated upon acceptance, which constitutes the last month tuition payment
- ☐ A non-refundable registration fee of \$50.00
- ☐ Tuition cheques post-dated for the first of each month (September – May)
- ☐ Volunteer Deposit cheque of \$300.00 post-dated to the last month of school (June)
- ☐ **Two (2)** Parent Participation cheques of \$25.00 dated May and September of the school year

That absence due to illness or holiday is not exempt from payment.

To keep my child home from school if there is any question of illness and to notify the school immediately of the nature of the illness.

That permission is granted to call a physician or ambulance in case of illness or accident when a parent/guardian or emergency contact person cannot immediately be reached.

To authorize Prematernelle Pomme d'Api the use of the Vancouver Health Dpt. Services.

To give permission form my child to participate on field trips, including walks with the school neighbourhood and playground activities with Prematernelle Pomme d'Api.

To promptly pick-up my child at the end of the school day and assume full responsibility for the security and welfare of my child when I or any other designated guardian is on the school premises before or after school hours.

To volunteer for a specific job, or create a new position, to help run the school.

To participate in fundraising activities and to help in the bi-annual clean-up.



To attend scheduled General Parent Meetings.

That Prematernelle Pomme d'Api reserves the right to request the withdrawal of a child if the school decides such withdrawal is best for the child and/or the school.

I have read the agreement and understand my commitment as a parent/guardian of a child who attends Prematernelle Pomme d'Api.

---

Signature of parent/guardian

---

Date

---

Address

---

Phone

## Publicity/Marketing

How did you hear about us: \_\_\_\_\_



## Release Form

Child's Name: \_\_\_\_\_

2-Day Immersion Class

3-Day Immersion Class

Francophone Class

The undersigned agrees to release Prematernelle Pomme d'Api and its directors, officers, employees, agents and volunteers from liability for any injury or loss of any kind that might be suffered by the undersigned, the children of the undersigned, or any other minors who are under the control of the undersigned, by way of guardianship or otherwise, where such injury or loss arises during or in any way in connection with the activities of Prematernelle Pomme d'Api, including any student field trips. The term *field trip* as used herein shall include any activity of any sort, including the transportation of children or adults that occurs on or off property owned or leased by Prematernelle Pomme d'Api. This release shall operate to bar liability for injury or loss results from the gross negligence, or willful misconduct of Prematernelle Pomme d'Api, its directors, officers, employees, agents and volunteers.

The undersigned accepts liability for all damage to the Prematernelle Pomme d'Api premises or property caused by the undersigned's child(ren).

Date this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Please attach child's  
photo to this form.



CHILD CARE  
EMERGENCY CONSENT FORM

CHILD'S NAME: \_\_\_\_\_

CLASS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME/WORK PHONE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME/WORK PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CHILDS DOCTOR OR MEDICAL CLINIC: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ALLERGIES / MEDICATION: \_\_\_\_\_

CHILD'S DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

CARE CARD NUMBER: \_\_\_\_\_ LAST KNOWN TETANUS SHOT: \_\_\_\_\_

**CONSENT**

1. It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance.
2. Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.
3. I hereby give consent for my child \_\_\_\_\_ to be taken to the nearest emergency centre when I cannot be contacted.
4. I hereby give consent for my child named above to receive medical treatment.

SIGNATURE OF  
PARENT/GUARDIAN: \_\_\_\_\_ WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_

Please attach child's  
photo to this form.



CHILD CARE  
EMERGENCY CONSENT FORM

CHILD'S NAME: \_\_\_\_\_

CLASS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME/WORK PHONE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME/WORK PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CHILDS DOCTOR OR MEDICAL CLINIC: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ALLERGIES / MEDICATION: \_\_\_\_\_

CHILD'S DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

CARE CARD NUMBER: \_\_\_\_\_ LAST KNOWN TETANUS SHOT: \_\_\_\_\_

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SIGNATURE OF  
PARENT/GUARDIAN: \_\_\_\_\_ WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_

Please attach child's  
photo to this form.



CHILD CARE  
EMERGENCY CONSENT FORM

CHILD'S NAME: \_\_\_\_\_

CLASS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME/WORK PHONE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME/WORK PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CHILDS DOCTOR OR MEDICAL CLINIC: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ALLERGIES / MEDICATION: \_\_\_\_\_

CHILD'S DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

CARE CARD NUMBER: \_\_\_\_\_ LAST KNOWN TETANUS SHOT: \_\_\_\_\_

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3. I hereby give consent for my child \_\_\_\_\_ to be taken to the nearest emergency centre when I cannot be contacted.
4. I hereby give consent for my child named above to receive medical treatment.

SIGNATURE OF  
PARENT/GUARDIAN: \_\_\_\_\_ WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_



**Name of Facility: Prematernelle Pomme d'Api**  
**CHILD CARE FACILITIES REGISTRATION FORM**

**CHILD'S STARTING DATE:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

**SEX:**

M \_\_\_\_ F \_\_\_\_

**DATE OF BIRTH:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

**NAME OF CHILD:** \_\_\_\_\_

(Surname)

(Given Names)

(Also Known As)

Name the Child responds to: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s) with whom the child lives (adults and children): \_\_\_\_\_

Child's first language: \_\_\_\_\_ Other languages: \_\_\_\_\_

**Parent(s) / guardian(s):**

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Days/hours of work: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Days/hours of work: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Person(s) authorized to pick up the child and be contacted in case of emergency. These people should be available during hours of care. (include mother / father / guardian):**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**If appropriate, list an English speaking contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Has the child previously attended daycare/preschool?**

YES ☐ NO ☐ Comments: \_\_\_\_\_

**Comments/instructions to help us care for your child. (Please feel free to add additional pages.):**

Toileting/Diapering (special words): \_\_\_\_\_

Rest Time (special comfort – toy/blanket): \_\_\_\_\_

Eating/Mealtime (include food likes/dislikes): \_\_\_\_\_

Fears: \_\_\_\_\_

**Please tell us anything else you think will help us provide an enriching experience for your child:** \_\_\_\_\_

**HEALTH INFORMATION**

Health professionals involved with your child (other than doctor and dentist):

NAME	PROFESSION/AGENCY	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Does your child have:**

A medical condition/concern? YES ☐ NO ☐  
If yes, please provide further information: \_\_\_\_\_

Allergies? YES ☐ NO ☐  
If yes, please provide further information: \_\_\_\_\_

Asthma? YES ☐ NO ☐  
If yes, please provide further information: \_\_\_\_\_

Has your child had a seizure in the past year? YES ☐ NO ☐  
If yes, please provide further information: \_\_\_\_\_

Does your child require a special diet related to a medical condition? YES ☐ NO ☐  
If yes, please provide further information: \_\_\_\_\_

Food sensitivities? YES ☐ NO ☐  
If yes, please provide further information: \_\_\_\_\_

**List all prescription and “over the counter” medications your child receives:**

Medication	Times Given	Reason for Medication
_____	_____	_____
_____	_____	_____

You may be asked to complete additional forms if you answered yes to any of the above.

**This health information may be made available to the staff of Vancouver Coastal Health.**

<b>Custody Agreement</b> YES <input type="checkbox"/> N/A <input type="checkbox"/>	<b>Provided to Facility</b> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Immunization Documents Returned to Facility</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b><u>Information Provided By:</u></b>	
DATE: ____/____/____ YY MM DD	Print Name _____ Signature _____
<b><u>Information Received By:</u></b>	
DATE: ____/____/____ YY MM DD	Print Name _____ Signature _____

**Office Use Only**

Date Child Leaves the Facility: DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

## IMMUNIZATION INFORMATION

Dear Parent/Guardian;

VCH must have a record of each child's immunization history. If one of the diseases listed below occurs in your school/childcare facility and immunizations are not complete, the Medical Health Officer may require your child to stay at home. Please complete and return this form to the school/childcare facility.

**Return of completed form is my consent for my child's immunization history to be entered into a Vancouver Coastal Health (VCH) confidential electronic database. If you do not wish to have this information recorded in an electronic database, please inform us in writing.**

**PLEASE PRINT CLEARLY**

School/Childcare Facility \_\_\_\_\_

Child's name \_\_\_\_\_  
Surname Given Name Preferred Name

Sex: M F Birthdate dd/mm/yyyy Place of birth \_\_\_\_\_

Child's personal health number (Care Card) \_\_\_\_\_

Home address \_\_\_\_\_ Postal code \_\_\_\_\_ Home phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Surname Given Name

Mother's Name \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Surname Given Name

Guardian's Name \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Surname Given Name

Doctor's name \_\_\_\_\_ Doctor's phone \_\_\_\_\_

My child had chicken pox. ☐ Yes ☐ No ☐ Don't know.

**Attach a photocopy of your child's immunization record OR fill out the following record.**

IMMUNIZATION	DATES GIVEN							
	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy
DIPHTHERIA								
PERTUSSIS (WHOOPING COUGH)								
TETANUS								
POLIO								
HAEMOPHILUS INFLUENZAE TYPE B (HIB)								
MMR (MEASLES, MUMPS, RUBELLA)								
MEASLES (RUBEOLA)								
RUBELLA (GERMAN MEASLES)								
MUMPS								
HEPATITIS B								
MENINGOCOCCAL CONJUGATE								
PNEUMOCOCCAL CONJUGATE								
VARICELLA (CHICKENPOX)								
LIST OTHER VACCINES								

## Emergency Earthquake Comfort Kits

The preschool is well equipped with supplies, food and water in case of earthquake, power outage, or other emergency, but we would like to supplement the supplies with a “personal comfort kit” for each child.

Please send a large ziplock bag to school with your child’s name written on it in black sharpie. This will be their comfort kit in case of an earthquake or emergency during school hours.

### **Ideas of items to include:**

A short “letter of comfort” from you  
Pictures (i.e.: family picture, pet, home, etc.)  
Notepad or drawing paper  
Small markers or pencil crayons  
A small stuffy, toy, playing cards and/or game  
One of the three emergency contact cards you have filled out  
Any other item that you think your child might like to have....

### **Items that are NOT to be included:**

Food  
Medication  
Crayons, as the storage bin will be exposed to the elements and crayons will melt  
Items that will not fit in the ziplock bag. There is a limited amount of space for all the comfort kits.

Please bring your child’s comfort kit to school during the first week of classes.  
The kits will be sent home at the end of the school year. Even students that will be returning to Pomme d’Api will have their kits sent home so parents can renew the kits and update necessary info.

We know that this is an incredibly difficult and emotional task. Hopefully they are never needed.

Thank you very much for your cooperation.

## Photo Permission Form

Child's Name: \_\_\_\_\_  
2-Day Immersion Class                      3-Day Immersion Class                      Francophone Class

During the school year we have parent volunteers that photograph the activities that our children are taking part in. Whether it is in the class, at the Fire Hall, or any of the other field trips we do throughout the year parents are taking pictures. This is a great way to see what your child is up to at Prematernelle Pomme d'Api. Photos are uploaded to a Dropbox account and parents will be sent a link to see and save the photos. Each class will have their own Dropbox and an administrator to the account.

In some cases, the Webmaster may ask to post a few photos on the public website. You would be consulted specifically if this is the case.

We would like to have parents sign a permission slip to allow the parent volunteers to continue to document your child's activities at Prematernelle Pomme d'Api.

Please indicate below whether or not you would like your child's photo to be distributed or used for these purposes by selecting one checkbox.

- ☐ **YES**, I agree to allow my child \_\_\_\_\_ to be photographed  
and have the pictures distributed to the other families and teachers in the Pomme d'Api class.
- ☐ **NO**, I do not want my child's picture to be sent to the other families in their Pomme d'Api class.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

## Consent to Share E-mail and Phone Number Form

Child's Name: \_\_\_\_\_  
2-Day Immersion Class                      3-Day Immersion Class                      Francophone Class

This consent form is asking your permission for others in your child's classes at Prematernelle Pomme d'Api to have access to your email address and phone number besides Board Members. It is helpful in case of emergency, cancellation of class, and if someone in your child's class need to get a hold of you.

Please indicate below whether or not you would like to share your email address and/or phone numbers by selecting one checkbox.

- ☐ **YES, I agree to share my email address and phone numbers**
- ☐ **YES, I agree to share my email address only**
- ☐ **YES, I agree to share my phone numbers only**
- ☐ **NO, I do not want to share my email address and phone numbers**

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

## Acknowledgment of the Parent Guide and Policy Manual

Child's Name: \_\_\_\_\_  
2-Day Immersion Class                      3-Day Immersion Class                      Francophone Class

I, \_\_\_\_\_ (parent/guardian's name), have read and understand the Parent Handbook/Guide and Policy Manual for Prematernelle Pomme d'Api, and agree to abide by the terms set forth herein.

Note: The Parent Handbook/Guide and Policy Manual are available on the school's website at <http://www.pommedapi.org/en/documents.html> or by contacting the Registrar at: [registrar.pommedapi@gmail.com](mailto:registrar.pommedapi@gmail.com).

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

## Permission to Administer Medication

Child's Name: \_\_\_\_\_  
2-Day Immersion Class                      3-Day Immersion Class                      Francophone Class

I, \_\_\_\_\_ (parent/guardian's name), hereby give permission to the staff of Prematernelle Pomme d'Api to administer:

Name of medication: \_\_\_\_\_  
Prescription Number: \_\_\_\_\_

(If non-prescription, please detail the condition which makes medication necessary and any relevant comments, such as possible reactions, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This medication will be administered to \_\_\_\_\_ (child's name) according to the orders and instructions of the physician. The directions, found on the vial or bottle for prescription drugs, or as verbally directed by the physician are as follows:

Dosage: \_\_\_\_\_  
Times/frequency: \_\_\_\_\_  
To be given with (milk, juice, food, etc.): \_\_\_\_\_  
Date to start: \_\_\_\_\_  
Date to give last dosage: \_\_\_\_\_  
Additional comments: \_\_\_\_\_  
\_\_\_\_\_

Note: One form must be filled out for each medication. Additional forms may be obtained from the Prematernelle Pomme d'Api staff.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date



## Allergy Alert

Child's Name: \_\_\_\_\_  
2-Day Immersion Class                      3-Day Immersion Class                      Francophone Class

Please list the known allergens that affect the above named child and, if appropriate, the procedures to be followed if the child is exposed to the allergen (for example, if the child is allergic to bee stings and a bee venom antidote must be given, the teachers must know how to administer it).

While it is your responsibility to provide snacks for your child, occasionally special snacks are offered to the children (for example, a parent might bring in a birthday cake to share with all children). When the teachers know that a child is allergic to a specific thing, they will endeavour to prevent exposure to it.

My child is allergic to:

---

---

---

---

The procedures to be followed in the event my child is exposed to the above are set out below:

---

---

---

---

---

---

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

# Allergy/Asthma Watch!

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Group(s)/Classes: \_\_\_\_\_ Days: \_\_\_\_\_

**Has SEVERE:** \_\_\_\_\_ **ALLERGY** \_\_\_\_\_ **ASTHMA**

Treat as an emergency any indication that the child either:

1. is having an Allergic/asthmatic reaction, or
2. appears to have been exposed to an allergy/asthma-causing substance

Reactions can become life threatening within minutes. Do not wait for symptoms to worsen before taking EMERGENCY action.

Place a recent photograph here

## SYMPTOMS may include:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> coughing/wheezing     | <input type="checkbox"/> difficulty breathing/talking           | <input type="checkbox"/> hives/itchy skin     | <input type="checkbox"/> headache/dizziness            |
| <input type="checkbox"/> rapid heartbeat       | <input type="checkbox"/> swollen lips/face/eyes                 | <input type="checkbox"/> runny nose           | <input type="checkbox"/> stomach pain                  |
| <input type="checkbox"/> difficulty swallowing | <input type="checkbox"/> swollen tongue/mouth/throat            | <input type="checkbox"/> itchy or watery eyes | <input type="checkbox"/> 'sense of doom'               |
| <input type="checkbox"/> voice changes         | <input type="checkbox"/> tightness in throat/mouth/chest        | <input type="checkbox"/> flushing/paleness    | <input type="checkbox"/> confusion                     |
| <input type="checkbox"/> choking               | <input type="checkbox"/> tightness sensations in the lips/mouth | <input type="checkbox"/> unconsciousness      | <input type="checkbox"/> nausea, vomiting, or diarrhea |

others: \_\_\_\_\_

## EMERGENCY RESPONSE PROCEDURE

**[DO NOT WAIT for symptoms to develop or worsen]**

1. Immediately: administer the child's prescribed emergency medication(s): \_\_\_\_\_  
Located: \_\_\_\_\_
2. Call 911 – advise the dispatcher that a child is having an anaphylactic reaction.
3. Monitor the child. If an ambulance has not arrived **within 15 minutes and breathing difficulties** are present, **administer the medication(s) again** or as prescribed.
4. Have another staff member notify the family.
5. Send the child to hospital even if the symptoms have subsided.
6. Ensure that the child is monitored for at least 24 hours.

**CAUSES OF REACTIONS** Any contact with even small amounts of these substances by touching, breathing or eating may be enough to cause a reaction:

- |  |                                    |  |                                       |
|--|------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> peanut/peanut products                        | <input type="checkbox"/> wheat     | <input type="checkbox"/> sesame seeds      | <input type="checkbox"/> unknown      |
| <input type="checkbox"/> tree nuts (eg. almonds/brazils/walnut/cashew) | <input type="checkbox"/> soy       | <input type="checkbox"/> insect stings     | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> cow's milk or other dairy products            | <input type="checkbox"/> shellfish | <input type="checkbox"/> vigorous exercise | _____                                 |
| <input type="checkbox"/> eggs  | <input type="checkbox"/> fish      | <input type="checkbox"/> ASA               | _____                                 |

**CONTACTS:** Family: \_\_\_\_\_ phone: \_\_\_\_\_ cell/pager: \_\_\_\_\_  
Physician: \_\_\_\_\_ phone: \_\_\_\_\_ cell/pager: \_\_\_\_\_  
Alternate: \_\_\_\_\_ phone: \_\_\_\_\_ cell/pager: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_

Date completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Next update due: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Coping with Separation Anxiety

**E**ntering into a new child care arrangement can be an emotional experience for both parent and child. However, careful planning, and the knowledge that some separation anxiety and tears are normal, can make the transition from parent to caregiver as pleasant as possible. How quickly the child adapts depends on a number of factors including: the child's age and stage of development; the child's past experiences in the care of others; the skills of the new caregiver and appropriateness of the new setting; and the adults' ability to prepare themselves and the child for the separation. Here are some strategies to help make the process go smoothly.

### Share information with the caregiver

Share your child's unique likes, dislikes, fears, eating/sleeping habits and anything else that will help the caregiver understand your child, ease the transition and provide care that is reasonably consistent with yours.

### Visit the new setting with your child

Show children where they will be eating, sleeping, playing and introduce the new caregiver. Familiarity will make the actual separation easier. Preschoolers may enjoy having a book read to them about going to child care.

### Shorten the first few days

Shorter visits will give your child more time to adjust and will allow him to learn by experience that you will return.

### Build trust

Let your child see you and the caregiver building a friendly relationship. Include the three of you in a brief conversation or play activity. Children often use their parents as a "bridge" for developing a relationship of trust with a new adult.

### Prepare the night before

An unhurried, pleasant start to the day is crucial to successful separations. If the child is old enough, involve her in the packing of



lunches and the selection and laying out of clothes. For young children, a choice between two items (e.g., white or blue socks, grapes or an apple) is enough.

### Something from home

Young children often use an object from home (such as a favourite teddy or blanket) to comfort themselves. Other children prefer to put a family photo or parent's familiar scarf or glove in their pocket or backpack. Eventually, the need for these "cosies" or transition objects diminishes.

### On the way, the first day

Have a calm, positive attitude. Babies and toddlers are especially sensitive to your moods and are quick to pick up any tension in your voice, face, touch or mannerisms. Sing a favourite song or talk about what the child or you will be doing today. A specific detail ("I will be taking the elevator upstairs to talk to the boss") is far more interesting than a vague comment ("I will be working at the office all day"). In terms the child will understand, explain when and where you will be picking him up ("After lunch and sleep, I will come. You will probably be playing outside then. I will know where to find you"). A common fear is that you will not return or that you will not find each other.

### Develop a "goodbye" ritual

Rituals are reassuring, especially during stressful times. Plan a special way to say goodbye, such as a wave through the window or a lipstick kiss stamped on the back of the child's hand. You might ask your older child, "How shall we say goodbye? A kiss or a hug? One hug or two?" Giving them choices in little matters helps them feel that they have some control over what is happening.

### Take time to say goodbye

Leave your child with a positive picture of what you will do together at the end of the day ("Save a big hug for me when I pick you up! Then we'll get your brother at school"). *Regardless of how tempting it may seem, never sneak out while the child is distracted.* This destroys trust and will encourage the child to cling more on future occasions.

### Avoid repeated goodbyes

Once you say "I'm leaving now" and go through the established goodbye ritual, then go. Stalling can make the child more fearful and clingy.

### Accept and listen to negative feelings

If you or your child are feeling upset about the separation, reassure yourself that you have taken all the required steps to place your child in a safe, nurturing and stimulating setting. Telling children that they are too big to cry or that they are making a fuss over "nothing" only aggravates their fears and fails to help them understand their true feelings. Saying, "I know you are feeling sad. I will miss you too," is more helpful.

Accept the fact that a temporary period of adjustment and some feelings of parental guilt or worry are normal. If it would help, arrange for you and the caregiver to communicate by phone during the day to "see how things are going." Stress from separations and adjusting to new situations can be a real strain for parents and their little ones. However, with careful planning, the adjustment period can be brief.