

Backup Care Record & Authorization

JDM Dayhome Agency · 14423160 Canada Foundation · Calgary, Alberta
 Emergency, respite, temporary, substitute, and alternate child care placements

Agency Name / Program	Child Record No.	Date
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1. CHILD IDENTIFICATION & PLACEMENT DETAILS

Child Full Legal Name	Preferred Name	Date of Birth (YYYY-MM-DD)	Age
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Gender / Pronouns	Primary Language	Regular Dayhome Educator
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Backup Care Educator	Placement Date	Expected End Date	Full-Day? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Placement Type

- Emergency Illness / Provider sick day Provider vacation Training day
 Temporary transfer Respite Other

Drop-off	Pick-up	Overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No	Overnight ends	Reason for Placement
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Transition Notes (comfort items / routines / concerns)

2. PARENT / GUARDIAN & AUTHORIZED CONTACT INFORMATION

Parent / Guardian 1

Full Name	Relationship	Primary Phone	Work Phone
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Home Address	Email	Alt. Phone
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Parent / Guardian 2

Full Name	Relationship	Primary Phone	Work Phone
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Home Address	Email	Alt. Phone
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Authorized Pickup / Emergency Contacts

Name	Relationship	Phone	May Pick Up	Call Order

3. HEALTH, MEDICAL, ALLERGY & WELLNESS INFORMATION

Physician / Clinic _____ Clinic Phone _____ Alberta Health Care No. _____

Emergency Medical Facility Preference _____ Blood Type (if known) _____

Known Allergies / Anaphylaxis Risk

- None Food Medication Environmental
 - Latex Insect / sting Other
- Allergy detail / reaction / epipen on file

Medical Conditions

- None Asthma Seizure disorder Diabetes
 - Cardiac Behavioural / developmental Other
- Condition detail / care plan on file

Current Symptoms / Restrictions Today

- No symptoms Fever history Cough / cold Rash
- Vomiting / diarrhea Mobility restriction Other

Medications / Devices

Medication / Device	Dose	Time	Route / Storage	Parent Consent / Notes

Attach medication authorization, epipen plan, or physician instructions where applicable.

4. DAILY CARE NEEDS, ROUTINES & DEVELOPMENTAL SUPPORTS

Toileting / Diapering

- Toilet trained Needs reminders Pull-ups
- Diapering Cream authorized

Nap time _____ Comfort items _____ Safe sleep requirements _____

Meals / Bottles / Snacks

- Regular diet Vegetarian Cultural / religious
 - Allergy modified Formula / breastmilk supplied Other
- Diet detail / food restrictions

Behaviour Guidance / Triggers (calming / redirection / sensory / known triggers)

Mobility / Outdoor Play

- No restriction Supervised stairs Adaptive equipment
- Sun protection Weather restriction Other

Inclusion / Developmental Supports (Speech / OT / PT / aide / behavioural plan) _____

Belongings Received

- Diaper bag Extra clothing Medication Bottle / food
- Blanket / soother Car seat Other

5. EMERGENCY PREPAREDNESS, TRANSPORT & SAFETY

Emergency Treatment Authorization

I authorize the backup care educator / agency to obtain urgent medical treatment and transportation for the child when I cannot be reached.
 Yes No

Emergency Evacuation / Relocation Site

Photo ID checked? Yes No

Custody / Court Orders

None disclosed Attached to file Restrictions apply — detail below

Restriction detail

Transportation Permission

- Walking only Agency vehicle Educator vehicle
- Field trip Off-site prohibited Other

Car seat type / expiry confirmed by

Provided by Parent Agency N/A

Water Play / Off-Site Permitted under agency policy Not permitted

Specific restrictions

Late pickup / release instructions

Transport or off-site activities must follow agency policy, supervision ratios, and signed parental permissions on file.

6. ILLNESS SCREENING, COMMUNICABLE DISEASE & EXCLUSION

Wellness Check on Arrival

- Child appears well for care Additional monitoring required
- Not admitted — pending parent direction

Last medication given by parent

Time

Dose

Route

Recent Illness / Exposure

- None disclosed Fever within 24h Vomiting / diarrhea within 24h
- Contagious exposure Other

Injury / Marks on Arrival

- None observed Bruise / mark documented
- Bandage present Parent explanation recorded

Public health / outbreak notes

Exclusion guidance shared? Yes No

Additional PPE / Cleaning required No Yes — specify

7. ATTENDANCE, SIGN-IN / SIGN-OUT & DAILY COMMUNICATION LOG

Date	Time In	Time Out	Signed By	Comments / Variance / Incident Ref.

8. INCIDENT / INJURY / BEHAVIOUR EVENT SUMMARY

Complete only if an incident occurred. Attach the agency's internal incident report form.

Date	Time	Location	Witness(es)

Description of Event

First Aid / Immediate Action Taken

Parent notified at	By	Parent response

Follow-Up

- Internal incident report attached Serious occurrence reported Insurance notified
- No further action Other

9. PARENT / GUARDIAN CONSENTS & DECLARATIONS

- I confirm the information on this form is complete and accurate to the best of my knowledge.
- I authorize the agency to place my child with the named backup care educator or approved alternate site in accordance with agency policy.
- I authorize emergency medical assessment and treatment if I cannot be reached promptly.
- I confirm the agency has current contact information, emergency contacts, and any custody restrictions disclosed by me.
- I have disclosed all allergies, medical conditions, medications, behavioural considerations, and support needs relevant to safe care.
- I understand illness screening, exclusion, medication administration, supervision, transport, and incident reporting will follow agency policy and Alberta requirements.
- I consent to the collection and internal use of this information for placement, safety, supervision, emergency response, and required record keeping.
- I acknowledge pickup will only occur by an authorized adult unless otherwise permitted in writing under agency policy.
- I received or was offered orientation on the temporary backup care arrangement and had the opportunity to ask questions.

Parent / Guardian Name (print)	Signature	Date	Time
_____	_____	_____	_____

Second Parent / Witness (if used)	Signature	Date	Time
_____	_____	_____	_____

10. BACKUP CARE EDUCATOR VERIFICATION

Educator Name	Address / Contact
_____	_____

Approval Status

- Agency approved Insurance verified
- Home safety / capacity confirmed Training current

Child Orientation Completed

- Tour / transition discussed Emergency exits shown Safe sleep / allergies reviewed

Total children present at acceptance	Within approved limit? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Supplies / Records Received

- Emergency contacts Medical forms Medication
- Belongings Court order notes Incident notes

Educator Name (print)	Signature	Date
_____	_____	_____

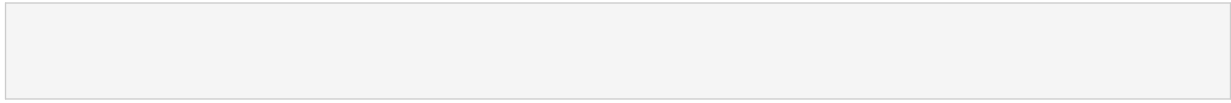
11. AGENCY REVIEW, FOLLOW-UP & FILE CHECKLIST

- Child file matched to current registration and emergency contact information.
- Backup placement reason documented and approved.
- Parent consents complete and signatures obtained.
- Medication / allergy / medical directives reviewed.
- Custody / pickup restrictions reviewed.
- Transport authorization and car seat documentation reviewed if applicable.
- Attendance record and communication log started.
- Incident / wellness notes attached if applicable.
- Required notification to coordinator / supervisor completed.
- Any licensing, serious occurrence, or insurance reporting completed as required.
- Form filed in child record and educator backup placement record.

Coordinator / Consultant (print)	Signature	Date / Time
_____	_____	_____

Supervisor / Director (if required)	Signature	Date / Time
_____	_____	_____

Additional Notes / File Location



Records retention: Store with child and agency placement records per the agency's privacy, retention, and licensing requirements.