

RELIEF CARE PROVIDER INFORMATION SHEET

This form is intended to record pertinent information about a child in care (one Information Sheet per child) for use by the Foster Parent's Relief Care provider. The information contained on this form is confidential and should be returned to the Foster Parent once the Relief Caregiver is no longer providing care to the child.

CONTACT INFORMATION

RELIEF CARE PROVIDER'S NAME (first,middle and last)		HOME PHONE ()	ALTERNATE PHONE(work/cell) ()
ADDRESS		CITY/TOWN	POSTAL CODE
DATE CARE STARTED (YYYY/MM/DD)	DATE CARE ENDED (YYYY/MM/DD)	NUMBER OF DAYS APPROVED/MONTH	
REVIEWED BY (Name of social worker)	POSITION	OFFICE ADDRESS	
FOSTER PARENT NAME (first,middle and last)		HOME PHONE ()	
FOSTER PARENT NAME (first,middle and last)		ALTERNATE PHONE (work/cell) ()	
ADDRESS	CITY/TOWN	POSTAL CODE	
CHILD IN CARE NAME	AGE	LEGAL STATUS <input type="checkbox"/> CCO <input type="checkbox"/> TCO <input type="checkbox"/> Agreement	
RESOURCE WORKER NAME		PHONE ()	
SOCIAL WORKER NAME		PHONE ()	
NAME OF GUARDIAN, IF CHILD ON SNA OR VCA			

CHILD'S MEDICAL INFORMATION

MSP NUMBER	ABORIGINAL MSP NUMBER (if applicable)
DOCTOR NAME	PHONE ()
DOCTOR OFFICE/CLINIC ADDRESS	
CURRENT MEDICATIONS	DOSAGE INFORMATION (amount, how often)
ALLERGIES (including food, medications etc)	

CHILD'S FAMILY INFORMATION

NAME	RELATIONSHIP	ADDRESS	PHONE ()
NAME	RELATIONSHIP	ADDRESS	PHONE ()
NAME	RELATIONSHIP	ADDRESS	PHONE ()
NAME	RELATIONSHIP	ADDRESS	PHONE ()
ACCESS VISIT INFORMATION (if applicable)			
Is there a No Contact for anyone regarding this child? <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, who?	

CONTACT IN CASE OF AN EMERGENCY

WHO TO CONTACT	PHONE NUMBER ()	UNDER WHAT CIRCUMSTANCES
	PHONE NUMBER ()	
	PHONE NUMBER ()	

CHILD'S PERSONAL INFORMATION

SPECIAL NEEDS		BEHAVIOR CONCERNS	
STRENGTHS	LIKES	COMFORT INFORMATION	
ROUTINE INFORMATION (bedtime, curfews, etc.)			
NUTRITIONAL INFORMATION (special diet, likes, dislikes)			
SCHOOL NAME & LOCATION (if applicable)		PHONE NUMBER ()	TEACHER NAME
Has the relief arrangement been explained to the child? <input type="checkbox"/> YES <input type="checkbox"/> NO			
What is the child's understanding of the relief plan?			

CONTACT NUMBERS

MCFD After Hours	604-660-4927
Foster Parent Support Line	1-888-495-4440
BC Nurse Line	1-866-215-4700
BCFFPA	1-800-663-9999