



Pladec Mack
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UPDATE OF CHILD'S FILE

Please fill in the section(s) that you would like to update.

Child's Name: _____ Date: _____
 Updated by: _____ Signature: _____

CONTACT INFORMATION

Child's New Home Address

Address: _____
 City & Province: _____
 Postal Code: _____
 Home Phone #: _____

Parent / Guardian New Home Address

Name: _____
 Relationship to Child: _____
 Address: _____
 City & Postal Code: _____
 Home Phone #: _____
 Cell Phone #: _____

Please attach a copy of any legal (court order) papers that pertain to the child.

Parent / Guardian New Place of Employment

Name: _____
 Relationship to Child: _____
 Place of Employment: _____
 Address: _____
 City & Postal Code: _____
 Work Phone #: _____ Extension #: _____

Emergency Contact

New Update
 Name: _____
 Relationship to Child: _____
 Home Address: _____
 City & Postal Code: _____
 Home Phone #: _____
 Cell Phone #: _____
 Place of Employment: _____
 Address: _____
 City & Postal Code: _____
 Work Phone #: _____ Extension #: _____



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Child's Name: _____ Date: _____
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Child's Health Information

New Physician

Physician's Name: _____
 Address: _____
 City & Postal Code: _____
 Work Phone #: _____ Extension #: _____

Special Food Request

The child cannot eat: _____
 Reason: _____
**Medical note may be required for documentation purposes required by licensing or Health Unit*

Medication Allergy

Name of Medication: _____
 Reason: _____

Environmental Allergy

What is the child allergic to: _____
 Reason: _____

Food Allergy

What is the child allergic to: _____
 Reason: _____

Anaphylactic Allergy

What is the child allergic to: _____
 Reason: _____
**An Anaphylactic Emergency Plan has to be filled in, policies and procedures have to be followed and training has to be done by the parent / guardian and the Supervisor.*

Asthma

New Diagnoses Change in medication
**A "More About Asthma Form" has to be filled in and the policies and procedures have to be put into place.*