

ALTERNATE CARE: CHILD INFORMATION

The foster caregiver will contact the alternate caregiver to coordinate drop off and pick-up times. The length of alternate care should be as close to 24-hour increments as possible. For example, if a child is dropped off after supper, he should be picked up after supper. If alternate care is required for half days, then pay should be adjusted according to amounts set out by the Agency (see Alternate Care Guidelines- Forms # 40. and 40.b). **Caregivers are asked to ensure that when dropping the child off, they allow for time to remain with the child long enough for the child to be comfortable with the caregiver when you leave.**

Please provide the following information to the alternate caregiver. Use a separate form for each child.

Child's Full Name:		Child's D.O.B:	Support Worker:	Copy of Delegation Attached
Child's ID#:	Personal Health Care # & Treaty #:		Caregivers:	
Caseworker name:	CSD Worker: Name of agency:		Crossroads on-call: 780-893-9715	

MEDICATION INFORMATION (Med Name, amount sent, dosage, time, with food, refrigerate, etc.) MEDICAL Issues (Hepatitis C, HIV, etc.) or Allergies, APPOINTMENTS	Doctor/Phone:
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DAILY ROUTINE - bedtime, naptime, is child potty trained, foods (like and dislikes)	SLEEPING ARRANGEMENTS Room share: Which floor: Type of bed:
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Behaviours to watch for /Strategies to manage/ Supervision required (with animals, opposite gender, younger children etc.) Sexualized behaviours, lying, stealing, wi-fi access, aggression, AWOL, level of supervision needed (one-on one, being on same level as the parent), can child be independently out in the community
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COMPLETE SHADED AREAS IF APPLICABLE:		
SCHOOL:	School Address:	Grade:
Teacher:	Transportation:	School Start/End Times:

SCHEDULED VISITS, PHONE CALLS, APPOINTMENTS (Dates, Times): Driver Name & Contact #:	START: Date Relief Begins: Drop off Time:
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Please note any other Information the alternate caregiver may find helpful **Any High-Risk activities require caseworker approval (i.e., trampoline, boating etc.)	END: Date Relief Ends: Time to Return:
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