Pluto Day Care

Health, Medical & Dietary Information

Complete all health sections.

Child's Name: _____ Date of birth: _____
First Middle Initial Last (DD-MM-YYYY)

Medical documentation and an Individualized Medical Plan may be required before attendance where a condition, medication, or emergency response must be managed at the Centre.

Chronic medical condition (e.g., diabetes, asthma, epilepsy) ☐ **Yes** ☐ **No**

If yes, details: _____

Routine or emergency medication ☐ **Yes** ☐ **No**

If yes, details: _____

Impairment, disability, developmental or communication need ☐ **Yes** ☐ **No**

If yes, details: _____

_____

_____

Non-Food Allergy (medication, insect, animal, environmental) ☐ **Yes** ☐ **No**

If yes, details: _____

Immunization Documentation

Before your child begins attending Pluto Day Care, parents/guardians must provide **one** of the following:

- Original immunization record (to be photocopied by the Centre)
- Original medical exemption documentation (to be photocopied by the Centre)
- Original conscience or religious exemption documentation (to be photocopied by the Centre)

Please Note:

- Pluto Day Care must retain a clear photocopy of the original immunization record or exemption documentation in your child's file, as required by applicable legislation.
- **Photographs, screenshots, scanned copies, or emailed images of immunization records or exemption documents cannot be accepted.** Please bring the original document to the Centre so that staff can make a clear photocopy for your child's file.
- Children who are not fully immunized, including those with a valid exemption, may be excluded from care during an outbreak or potential exposure as directed by Public Health.

_____ _____ _____

Date (DD-MM-YYYY) Parent/Guardian Name Parent/Guardian Signature

Allergies & Restrictions

Complete this section **only** if your child requires dietary accommodation beyond Pluto Day Care's standard menu.

Pluto Day Care does not serve beef, pork or pork products, nuts, or honey.
These foods do not need to be listed below unless your child has a diagnosed allergy or medical condition, cross-contact precautions are required, or additional accommodation beyond the standard menu is needed.

Does your child require a dietary accommodation further than the avoided products listed above?

☐ **No;** no further information is required in this section. Please skip down to the next section "Supporting Documentation"

☐ **Yes;** please fill out the table below**:**

Food / Ingredient	**Reason** (Allergy, intolerance, medical, cultural/religious, other)	**Cross-contact precautions required?**

Additional Information

Please provide any additional information that will help Pluto Day Care safely manage your child's dietary restriction or food allergy.

This may include information such as:

- When your child last experienced a reaction or symptom
- What food or ingredient caused the reaction
- What the reaction looked like
- How quickly symptoms appeared
- How severe the reaction was
- What treatment or response was required
- Whether your child has ever required emergency medical care
- Any known risk from cross-contact or trace exposure
- Any other warning signs staff should watch for

_____

_____

_____

_____	_____	_____
Date (DD-MM-YYYY)	Parent/Guardian Name	Parent/Guardian Signature

Food Provided by Home

In limited circumstances, Pluto Day Care may approve a child to bring all meals and snacks from home when the Centre is unable to safely accommodate the child's dietary needs.

Examples may include, but are not limited to:

- Extensive food allergies or multiple dietary restrictions
- Celiac disease
- Vegan diets
- Specialized medical diets
- Special needs affecting food intake or nutrition
- Other circumstances approved by the Centre Supervisor

This arrangement is considered only on a **case-by-case basis** and must be approved by both the parent/guardian and the Centre Supervisor. **It is not available based solely on personal preference.**

Parents/guardians understand and acknowledge that **bringing meals and snacks from home does not affect child care fees**. Full fees remain payable, as fees cover the child's child care space, staffing, programming, and operating costs, and not solely the provision of food.

Office Use Only:

☐ Home-provided meals and snacks have been approved by both the parent/guardian and the Centre Supervisor.

Reason for approval:

_____

_____

Approving Supervisor: _____ Signature: _____ Date: _____

Parent/Guardian Acknowledgement

I understand and agree that:

- This arrangement has been approved as an accommodation for my child's individual needs.
- I am responsible for providing all meals and snacks required for my child's day at Pluto Day Care.
- All food provided from home must comply with any food safety requirements communicated by the Centre.
- No reduction, credit, refund, or adjustment to child care fees will be provided because meals or snacks are supplied from home.

_____	_____	_____
Date (DD-MM-YYYY)	Parent/Guardian Name	Parent/Guardian Signature

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Supporting documentation

☐ N/A - my child has no additional needs.
☐ No medical documentation is required.
☐ Medical documentation has been provided.
☐ Individualized Medical Plan required.
☐ Individualized Support Plan required.
☐ Other: _____

Parent/Guardian Declaration

I confirm that the information provided in this package is complete and accurate to the best of my knowledge. I understand that I must notify Pluto Day Care immediately of any changes to my child's health, medication, allergies, dietary requirements, or required accommodations.

_____	_____	_____
Date (DD-MM-YYYY)	Parent/Guardian Name	Parent/Guardian Signature