



Sunny Faces Day Care, 30 Harefield Drive, Etobicoke ON, M9W 4C9 (416 744 0778)

### **Dietary Restriction and Medical Health Plan**

A Health Plan is the document Sunny Faces uses to provide information to our staff about your child's allergies, sensitivities and medical conditions, especially those requiring medical attention. A doctor's note is required to explain the medical details to the child care centre. Sunny Faces Day Care will follow the procedures for the condition or health concern as recommended by the Canadian Pediatric Society and the Toronto Public Health Department. It is the parent's responsibility to keep the day care centre Supervisor or designate informed of any new developments or changes in their child's condition.

**Note:** When a child is prescribed an EpiPen, the doctor's signature is required for the Health Plan

**Child's Name**

**Program Location and Room #**

**Please check the appropriate boxes**

<b>Reason</b>	<input type="radio"/> <b>Medical</b> <input type="radio"/> <b>Allergy</b>	<input type="radio"/> <b>Sensitivities</b>
<b>Level of Concern</b>	<input type="radio"/> <b>Life-Threatening</b>	<input type="radio"/> <b>Non-Life-Threatening</b>
<b>Doctor's Note on File</b>	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>

**Foods and other allergies, sensitivities (medical) – please be detailed**

**Plan of action in case of accidental ingestion of this restricted food and/or when described symptoms are observed (please be as detailed as possible).**

**Foods to avoid (dietary) –**

**Please circle the alternative proteins we are permitted to serve your child and list others:**

**Tofu**

**Soya**

**Tuna**

**Eggs**

**Cheese**

**Other:**

**Contact this parent first:**

**Phone #:**

**This Health Plan is the agreement of how Sunny Faces Day Care will handle your child's condition.**

**Parent's Signature:**

**Date:**

**Supervisor's Signature:**

**Date:**

**For Office Use Only**

**Doctor's note required: Yes (left on file) No**

**Plan Posted: Yes No**

**Staff Informed: Yes No**

**Health Plan no longer required**

**Explanation -**

**This Health Plan will be reviewed and updated one year from the date signed**