

Authorization form for picture

I, hereby (name in capital letters) : _____ authorize the MFRC to use, reproduce, publish, transmit, distribute and display photos and videos taken during my child's participation to MFRC's activities. The MFRC may, at any time, use the photos and videos in its internal and external information documents, including Website contents, multimedia presentations, displays, advertisements or other promotional media. The photo(s) and video(s) may be used for any length of time for any of the means mentioned above. The MFRC agrees to use these photos and videos only for information purposes or to promote its activities.

Parent's signature : _____ Date : _____
 Name in capital letters : _____

Authorization form for the administration of acetaminophen

Refusal of authorisation : **Parent's initial** : _____ **Date** : _____

A parent is not required to consent to the application of this Protocol. However, if a parent does not sign the authorization form, acetaminophen will not be administered to the child unless the parent and a member of the *Collège des médecins du Québec* gives written authorization. A parent may limit the period of validity of the authorization by indicating the duration of the authorization in the space provided.

I hereby authorize **The Military Families Resources Center Montreal Region** to administer to my child, in accordance with this Protocol FO-647, acetaminophen sold under the following brand: Tempra or other (product provided by the parent only)

Last/First name of child : _____

Duration of the authorization : Until my child is 6 years or for the duration of use of the services of the MFRC.

Parent's signature : _____ Date : _____

This protocol, originally proposed by the Ministry of Family, was revised by the Department of Health and Human Services in 2010 and then in 2013 and approved by the Quebec Association of Pediatricians in 2013. The information that it contains reflects the state of knowledge on the subject in 2013.

Authorization form for the application of insect repellent

Refusal of authorisation : **Parent's initial** : _____ **Date** : _____

A parent is not required to consent to the application of this Protocol. However, if a parent does not sign the authorization form, insect repellent may not be administered to the child unless the parent and a member of the *Collège des médecins du Québec* give written authorization. A parent may limit the period of validity of the authorization by indicating the duration of the authorization in the space provided.

I hereby authorize **The Military Families Ressources Center Montréal Region** to administer to my child, in accordance with this Protocol FO-646, insect repellent sold under the following brand: *Off* or other (product provided by the parent only).

Last/First name of child : _____

Duration of the authorization : Until my child is 6 years or for the duration of use of the services of the MFRC

Parent's signature : _____ Date : _____

Authorization form for technical observation in specialized education

Refusal of authorisation : **Parent's initial** : _____ **Date** : _____

The parent is not required to consent to the application of the protocol. The Military Family Resource Center has a special education technician on its team. During some situation or activity, she could come and observe the facilities of the day-care center in order to equip, support and facilitate the work of the educators. During her observations, she could observe certain situations that would then automatically be reported to the parents. By authorizing, you will help the educators, but also offer your child the opportunity to access a harmonious development and adapted to his needs.

Last/First name child : _____

Duration of the authorization : Until my child is 6 years or for the duration of use of the services of the MFRC

Parent's signature : _____ Date : _____

Authorization form for Cible Petite Enfance portal

Refusal of authorisation : **Parent's initial** : _____ **Date** : _____

The MFRC drop-in daycare use the portal Cible Petite Enfance to produce daily journal of your children's participation. It is also the tools we use to communicate with you about your children. You can email the educator by using the application also. On the application we only use your email information, emergency phone number, your children birth date and is health information (if applicable). The application is secure and follow the law 25 from the Quebec government.

Parent's signature : _____ Date : _____

Authorization form for Enfantin plateforme

Refusal of authorisation : Parent's initial : _____ Date : _____

The MFRC drop-in daycare use the portal *Enfantin* to produce taxes receipt of your children's participation. It is also the tools we use to manage the drop-in daycare finances. On the plateforme we transpose all the registration form information. The application is secure and follow the law 25 from the Quebec government. After 7 years all the information are deleted according to the law.

Parent's signature : _____ Date : _____

Authorization form Square application

Refusal of authorisation : Parent's initial : _____ Date : _____

The MFRC drop-in daycare use the application Square to send billing to the user and let the parents pay by card. The information's use on the app are the paying parent name, number and email. The application is secure and follow the law 25 from the Quebec government.

Parent's signature : _____ Date : _____

Please return your completed, **secure** form to info.crfm@forces.gc.ca at least 48 hours before the start of the activity, or in person on the first day of the activity

SPECIFIC INFORMATION ABOUT YOUR CHILD

The first days of daycare can be difficult for both parent and child! Keep in mind that at any time, you can call the drop-in daycare to see how your little one is doing; we will be happy to let you know. When you registered your child in the drop-in daycare, you received a card with all of our contact numbers. If you did not receive a card, ask our receptionist for one.

Please describe your child's habits below so that we can learn about them and accommodate them.

Child's name : _____ Age _____

Language(s) spoken at home : _____

Brothers, sisters, other people who live with the child : _____

Noteworthy experience (absence of a military parent, etc.) : _____

Drinks and eats by him/herself : Yes No

Favorite food : _____

Food that he/she doesn't like : _____

Food allergies : Yes No

If yes, which ones? : _____

Usual mealtimes : _____

Comfort item : _____

Naps Yes No : Length AM: _____ Length PM: _____

Usual naptimes : AM : _____ PM : _____

Movement (crawls, crawls on all fours, sits up on his/her own, etc.) : _____

Language skills (words, short sentences, full sentences, speaks well or with difficulty, etc.) : _____

Toilet training (washable/disposable diapers, in training, goes on the potty, goes in the toilet, etc.) : _____

Fears : _____

Ways of overcoming these fears : _____

Favourite activities : _____