



The personal information collected on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act for the purpose of administering services under the Child, Family and Community Act (CFCS Act) . The Freedom of Information and Protection of Privacy Act protects the personal information collected from unauthorized use and disclosure. If you have any questions about the collection, use or disclosure of this information, please call Enquiry BC at 1 800 663-7867 and ask for the listing for the Child Welfare Policy Office or discuss with your Resource Worker.

Instructions for completing:

- This form should be saved to your computer and used to include any changes/updates regarding the child. In the case of a recurring relief care provider, if no changes have occurred you can print only the last page, for signatures and the new time period of relief care.
This form is used by foster caregivers to share important information with a relief care provider (see Foster Family Handbook, section 4, Relief for Foster Parents).
When using a relief care provider all sections of this form are filled out in full by the foster caregiver, ensuring all the available child-specific information provided by the Care Team is included.
When/if using the same relief care provider for recurring relief care, any changes that affect the longer term care of the child (i.e. over multiple relief care periods), you must update the applicable fields in the form and provide a new copy of the whole form to the recurring relief care provider.
A copy of this completed form or where applicable the last page, is given to the relief care provider for every relief care period, after it has been signed and dated by both the foster caregiver and the relief care provider.
The relief care provider keeps a signed copy of the form. The foster caregiver also keeps a signed copy of the form and gives a signed copy of the form to their resource worker for the file.
Once a relief care provider is no longer providing care for the child, all Information Sharing forms pertaining to the child must be returned to the child's foster caregiver to meet privacy requirements.

RELIEF CARE PROVIDER INFORMATION

Relief Care Provider's Name (first, last and middle initial) Phone Alternate Phone

Is the Relief Care Provider an approved Foster Caregiver? Yes No

Ensure the Relief Care Provider Assessment and Checklist has been completed and is on file. See Foster Family Handbook, section 4.

Relief Care Provider's Name (first, last and middle initial) Phone Alternate Phone

Is the Relief Care Provider an approved Foster Caregiver? Yes No

Address City/Town Postal Code

FOSTER CAREGIVER'S INFORMATION

Foster Caregiver's Name (First, Last and Middle Initial) Phone Alternate Phone

Foster Caregiver's Name (First, Last and Middle Initial) Phone Alternate Phone

Address City/Town Postal Code

Name of Foster Caregiver's Resource Worker Phone

CHILD'S INFORMATION AND KEY CONTACTS

Child in Care's Name (Full Legal Name)	Date of Birth	Child/Youth's Phone	Child is Aboriginal? <input type="radio"/> Y <input type="radio"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name of Child's Social Worker			Social Worker's Phone
<input type="text"/>			<input type="text"/>

Key Contacts (e.g. family, extended family, friends, community members who have access to the child)

	Name	Relationship	Address	Phone
1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Indicate any planned family visits during the relief care period.
(include the name of the person, and the date, time and duration of the visit)

CHILD'S ABORIGINAL INFORMATION

Child's Aboriginal Affiliation	SPECIFY:
<input type="text"/>	<input type="text"/>

List any Contacts or Local Resources to assist the child in learning their culture and heritage.

	Name/Resource	Address (if applicable)	Phone
1)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2)	<input type="text"/>	<input type="text"/>	<input type="text"/>

CHILD'S MEDICAL INFORMATION

Doctor's Name	MSP Number	Aboriginal MSP
<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Doctor's Office Address or Alternate Clinic Address		Phone Number
<input type="text"/>		<input type="text"/>

Does the child take any medications? Yes No

	Current Medications	Dosage Information (amount, how often)
1)	<input type="text"/>	<input type="text"/>
2)	<input type="text"/>	<input type="text"/>

Does the child have any allergies and or food sensitivities? (e.g. peanuts, gluten, dairy, specific medications etc.)

Indicate any scheduled medical and/or dental appointments for the child during the relief care period

CHILD'S SAFETY INFORMATION

In case of an Emergency or Missing/Runaway Child, contact the child's social worker.

In addition, if the child is in Care by an Agreement include the name(s) of any legal guardian(s) who can make emergency medical and/or dental decisions.

	Name Of Who To Contact	Phone	Alternate Phone (e.g. cell)
1)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is there a No Contact Order for anyone regarding this child? Yes No

List the individuals for whom there is a No Contact Order:

	Name	Relationship	Address	Phone
1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does this child have a history of unfounded allegations of abuse or neglect regarding a foster caregiver?

Yes No Unknown