

**Information about our child/children for the Relief Care Family:**

**Only to be filled in if applicable!**

<b>Name of Child:</b>	
<b>Alberta Health Care Number:</b>	
<b>Family Doctor:</b>	
<b>Special Need (if applicable):</b>	
<b>Allergies/medication:</b>	
<b>Signature Parent:</b>	
<b>Signature of Caregiver:</b>	