



SAMARITANS FIVE STAR FAMILY DAY CARE



CARER LEAVE NOTIFICATION FORM

Please forward this form to the office at least 2 weeks prior to commencement of leave

CARER NAME: _____

LEAVE DATES _____

LAST DAY OF CARE: _____

FIRST DAY _____

RESUMING CARE: _____

Please tick one:

NO CHILDREN REQUIRE ALTERNATE CARE

CHILDREN WHO REQUIRE ALTERNATE CARE ARE:

CHILD'S NAME	is this respite care?	Care days & hours required	Any special requirements?	OFFICE USE ONLY		
				Carers contacted	Agreed?	Name given to:
	YES/NO					<input type="checkbox"/> Parent <input type="checkbox"/> Carer
	YES/NO					<input type="checkbox"/> Parent <input type="checkbox"/> Carer
	YES/NO					<input type="checkbox"/> Parent <input type="checkbox"/> Carer
	YES/NO					<input type="checkbox"/> Parent <input type="checkbox"/> Carer
	YES/NO					<input type="checkbox"/> Parent <input type="checkbox"/> Carer
	YES/NO					<input type="checkbox"/> Parent <input type="checkbox"/> Carer
	YES/NO					<input type="checkbox"/> Parent <input type="checkbox"/> Carer

I acknowledge I have notified my families to contact Samaritans Five Star Family Day Care on 49907402 or 65723810 if they require alternate care.

Carer Signature

Date