

**SAMARITANS FIVE STAR FAMILY DAY CARE
PLACEMENT AGREEMENT
FORMAL**



Parent/Guardian Name: _____ Date: _____

Address: _____

Phone: H _____ W _____ M _____

Child's/Children's Name/s _____

1. I _____ have viewed the Family Day Care Service provided by _____ at _____ (hereafter called the Careprovider) and agree to place the abovenamed child/children in the care of the Careprovider as set out in the Enrolment Acknowledgment attached, or as varied from time to time in accordance with Attendance Records signed by me.
2. I agree to comply with all Government requirements in regard to the service provided by the Careprovider as set out in the Parent Handbook and Samaritans Family Day Care policies.
3. I agree to pay the Careprovider all appropriate fees (and penalty fees if applicable).
4. I am aware of the following domestic pets kept at the home _____
* and agree to my child being allowed limited access to such pets in accordance with Children's Services Regulations and Scheme policies
* request that my child be denied access to such pets at all times.
5. I understand that in the event of accident/injury occurring to my child my Careprovider will:
 - administer appropriate first aid to my child
 - make every effort to contact me or the notified emergency contact persons
 - seek medical attention for my child if required from his/her doctor/dentist or the nearest hospital
 - arrange for transportation by ambulanceI agree to meet any expenses incurred and request that the following action also be taken:

6. I understand that adequate care will be provided for my child whilst in care and that my Careprovider holds public liability insurance. I further understand that this insurance is not the responsibility of the Scheme or the Director of the Samaritans Foundation should an accident or injury occur.
7. I understand that my Careprovider may terminate this Agreement following consultation and liaison with the Scheme Co-ordinator and in the case of permanently booked care, upon giving me a minimum fourteen (14) days notice in writing and refunding any payments in credit.
8. I acknowledge that any authorities signed by me as part of this Placement Agreement will remain in force until revoked by me in writing.

Parent/Guardian Signature: _____ Date: _____

Carer's Name: _____ Address: _____

Phone: _____

Parent Name: _____ Child/Children's Names: _____

1. _____ agree to provide care for the above child/children of _____ (herein called 'the Parent') on the days and for the hours set out in the Parent's Fee Contract or as varied from time to time in accordance with Attendance Records signed by the parent.
2. I agree to abide by the conditions, policies and regulations of Samaritans Family Day Care, the Department of Community Services, NSW Health Department and Commonwealth Department of Employment, Education & Workplace Relations (DEEWR) and The Family Assistance Office (FAO) in relation to the care provided at all times.
3. I agree to accept only the fees properly payable for the care provided or as set out in the fee schedule provided by myself.
4. I agree to consult and liaise with the Co-ordinator of the Scheme and the parent prior to terminating this Agreement or reducing my availability to provide care and to provide a minimum fourteen (14) days notice in writing of my intention to terminate or reduce availability.
5. I agree to provide fourteen (14) days prior notice to the parent of my intention to take a leave of absence from the provision of care (or in the case of emergency leave with as much notice as possible) and to assist with arrangement for alternative care of the child/children during my absence.
6. I agree to use my best endeavours to deny access to the child/children to any person other than those nominated on the Enrolment unless the child is under my constant supervision or prior consent of the parent has been obtained.
7. I agree to restrict outings and excursions available to the child to those agreed to in writing by the parent prior to such outings or excursions taking place.
8. I agree to keep the parent informed about the child/children's progress and daily activities whilst in care and to be available to discuss issues relating to care at a mutually agreed time.
9. I agree to respect the privacy of the parent and the child/children by ensuring that any information regarding the family identity and circumstances and/or the behaviour and progress of the child/children is kept strictly confidential at all times. I further agree to liaise only with the parent/Scheme staff and person authorised by the Children's Services Regulations 2004 in regard to such information.
10. I agree to administer medication as requested by the parent in accordance with the parent's written authority, the Children's Services Regulations 2004 and Scheme Policies only.

Careprovider Signature: _____ Date: _____

TRANSPORT AUTHORISATION

I give permission for my child/children to travel on public transport/community transport/by private vehicle for outings and excursions arranged by the Scheme, in the company of and supervised by my Careprovider.

I understand that my child/children will at all times be placed in approved child restraints/seat belts appropriate for their age as required by Roads and Traffic Authority regulations whilst traveling in vehicles.

****Parent/Guardian Signature** **Date.....**

AUTHORISATION TO ADMINISTER PREPARATIONS

I give permission and request my Careprovider to administer the following to my child/children whilst in care when deemed necessary by my Careprovider: (*Delete as required)

- S1/S2 teething ointments provided by me to relieve teething discomfort
- Antiseptic or antiseptic ointment provided by my Careprovider to be used in First Aid situations
- Insect repellent (please specify) provided by my Careprovider
- Sunscreen supplied by me
- Sunscreen provided by my Careprovider (please specify)..... I acknowledge that I have inspected the sunscreen for intended use and have no objection to same
- Other (please specify)

I provide the following special instructions for administration of the above preparations:

.....
.....

****Parent/Guardian Signature** **Date.....**

AUTHORISATION FOR INDEPENDENT TRAVEL

I authorize and direct my Careprovider to permit my child/children
..... to *walk/ride a bicycle/travel by
To and from my Careprovider's home for the purposes of
On..... Please indicate day(s), date/s or insert 'each day of care'
(*Delete as required)

****Parent/Guardian Signature** **Date.....**

SAMARITANS FAMILY DAY CARE

PERMISSION FOR ROUTINE EXCURSIONS



This document should be completed annually for every child in care. A 'Routine Excursion' is an outing that is undertaken at least monthly, e.g. going to the library, walking to the busstop to pick up school age children. Routine Excursion Forms need to be signed by the parent and a copy provided to the parent and the Coordination Unit. A new form should be completed if there are changes/additions to Routine Excursions.

Carer's name: _____ Mobile no: _____
 Family name: _____ Contact no: _____
 Child name: _____ DOB: _____

I give permission for my child _____ to attend routine excursions as listed below:

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____

I understand my child will be using the following means of transport: (please tick):

- Carer's own car
- Community Transport
- Walking
- Other: _____

If travelling by car/community transport, my child will require to be seated in (please tick):

- A booster seat with harness/seatbelt
- A child restraint
- A baby restraint
- Other: _____

I understand that my carer will have a mobile phone, first aid kit and emergency contact details with them on any excursion.

Parent signature: _____ Date: _____

Office Use Only:

Copy given to Scheme Copy given to parent Filed