

Home-Start Ashford

Volunteers caring for a child/ren in the absence of their parent

Information form



Support and friendship
for families

Childs name	Date of Birth	Medical condition inc medication	Allergies inc food, plasters, animals	Any other info inc routines, sleeping

If your volunteer takes the children out without you do you have car seats they can use? **YES / NO**

Are you happy for your volunteer to change your child's nappy or take them to the toilet? **YES / NO**

Please provide your mobile number:

Please provide mobile number of another emergency contact- Name:

Number:

In case of an emergency the volunteer will contact you first, then your named emergency contact, if they get no answer do you give permission for them to seek emergency medical help? **YES / NO**

Please discuss with the volunteer where you are going or they are taking the children and agree the time of return, also any specific care needs for your child.

Name:

Signature:

Date: