

Seriously Kids™

Supporting, educating, empowering.... Seriously useful

Preparing to leave your children in care, especially for the first time can be tough. It is not only a lot to remember but it is also a lot to take in for the new carer. We encourage you to use this form to ensure that all the information is in one place.

Please Note: The important contact details is best placed somewhere easily accessible and in a well-used place such as on the fridge.

IMPORTANT CONTACT DETAILS

Preparing to leave your children in care, especially for the first time can be tough. First there is the research about the best type of care suited for you and your family needs; then there is the planning and organizing everything and then there is the actual leaving your child in the care of someone else.

Leaving your child in the care of someone can be emotional, exhausting and challenging and sometimes you may be worried about forgetting to tell them something.

You have to run them through the routine, the house rules, the schedule and so on but it is not only a lot to remember to share it is also a lot to take in for the new carer.

This form is a perfect example to be able to give you peace of mind that the carer will be able to access the correct information should they need to.

It allows parents to give the carer critical information that will assure a safe, positive time with your child while you are away whilst providing all the contact details in one place should a need arise.

A key element is ensuring that all the information is having it all on one form. The important contact details is best placed somewhere easily accessible and in a well-used place such as on the fridge.



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FAMILY INFO

Mum: _____

Dad: _____

Sibling's
(names & ages) _____

MUMS DETAILS

Mobile Phone Number: _____

Work Number: _____

Work Address: _____

DADS DETAILS

Mobile Phone Number: _____

Work Number: _____

Work Address: _____

HOME

Home Address: _____

Home Phone Number: _____

EMERGENCY CONTACT

Emergency contact number & name: _____

Relationship to parents & child: _____

DOCTOR INFORMATION

Dr: _____ Phone Number: _____

Address: _____

Parents need to be contacted first: Yes | No

(Circle One)

Other Important Details

(such as grandparents, school information, allergies-also on separate sheet of individual child info, etc)