



Reference from your Doctor

Date:.....

Your Name:.....

Your Address:.....

Your Doctor's Name and Address:.....

.....

The purpose of this reference is to gain information on whether this applicant is medically fit to undertake the care of young children and / or young infants in a home environment. I, the applicant, give permission for this information to be given to Giggles Home Based Care.

Your Signature.....Date.....

Doctor to Complete

How long have you known the applicant?.....

Do you consider the applicant physically fit for the demands of caring for young children and infants in a home environment unsupervised?.....

Does the applicant have any health problems that may physically affect her ability to care for young children and infants in their own home unsupervised? If yes, please give details.....

.....

Should an emergency arise, do you feel the applicant would be physically capable of ensuring the safety of up to 4 pre-school children in her care at all times?.....

.....

Do you consider the applicant to be in good general health? If no, please give details

.....

.....

Is there any further information you would like to add?.....

.....

Doctor's Signature:..... Date:.....

Please stamp the bottom of this form with your Practice stamp. Thank you.