**Babysitting Authorisation**

<Insert Staff Member’s Name>

Staff member to complete:

1. Is the family you’re babysitting for the family of a child at the Service? Please circle

Yes No

1. How often will you be babysitting the child? Please circle

Regularly Irregularly Unsure

1. Please provide any other relevant details

Staff Signature

Date

Nominated Supervisor to complete:

I approve/do not approve the babysitting arrangement detailed above.

Nominated Supervisor Signature

Date