



Nannies On-Call Registration Form

Date of care: _____

Hours of care: _____

Personal Information

Full Name of Child: _____ Gender: _____ Date of Birth: _____

PHN: (For BC Residents) _____

Full Name of Child: _____ Gender: _____ Date of Birth: _____

PHN: (For BC Residents) _____

Full Name of Child: _____ Gender: _____ Date of Birth: _____

PHN: (For BC Residents) _____

Please list any allergies: _____

Address of Care:

Are pets at the address of care? (Y) (N) Please List: _____

Smoking at address of care? (Y) (N)

Parent Name: _____ Phone Number: _____

Emergency Contact (other than parent listed above)

Name: _____ Relationship: _____

Phone Number: _____

Consent for Emergency Care:

I _____ authorize the staff of Adventure House to call a medical practitioner or ambulance in the case of accident or illness of my child. Medical services will be contacted first in an emergency.

Signature of Parent: _____

Nannies arrive 15 minutes prior to care. Please discuss your care plan including allergies, meals, medication, and bedtimes.

All Adventure House Staff consent to be recorded during hours of care.

Please inform booking representative if your child requires additional support.