

Emergency Caregiver Form



Family Name: _____

A Background Consent form must be submitted for each person listed below in order for a DFPS Background Check to be completed.

Respite Care Providers

Individuals approved to be alone with the children (Must have BGC/ TB/ CPR & 1st Aid)

Name			
Email			
Address			
Phone			

Baby Sitters

Individuals approved to be alone with the children (Must have BGC/ TB/ CPR & 1st Aid)

Name			
Email			
Address			
Phone			

Frequent Visitors

*Please remember to include family members who visit on a frequent basis (Must have BGC)

Name			
Relationship to Family			
Name			
Relationship to Family			

*In the event that we will need someone to provide childcare for our foster child, we plan for the following people to provide this service. We understand that every foster home is required to have at least **ONE** Respite Care Provider that has CPR/First Aid, Cleared Background Consent Form (Including FBI), and a TB test on file.

Having additional Respite Providers and Baby Sitters is highly recommended to strengthen the Family Support System and help during emergencies situations.

*** We agree and understand that any one left alone with the children must have a completed background check INCLUDING FBI***

Foster Parent Signature: _____ Date: _____

Foster Parent Signature: _____ Date: _____