**Sample Visiting Information Form**

# Name:

My child/ I must be twinned with a person of the same sex:

# yes not necessarily no if a same sex placement is otherwise not possible

My child smokes: yes no

My child can go to a home where someone smokes: yes no

My child can go to a home where there are animals: yes no

Any exceptions?

My child has special dietary needs: yes no

Specify:

My child has a medial/physical condition that requires medical / special treatment: yes no

Specify:

# My child can take prescribed medication without supervision: yes no

Specify:

# My child has a physical condition that restricts their activities: yes no

Specify:

# List any particular accessibility needs:

My child is allergic to: dust

mould animals smoke

others (specify)