Child Care Agreement - child awaiting adoption
Child Care Agreement - child awaiting adoption

Full Name of Child ________________________________

Date of Birth of Child ________________________________

Place of Birth of Child ________________________________

Name (of parent or person having custody or Guardianship of child) ________________________________

Date of Birth ________________________________

Address ________________________________________

1. STATEMENT OF PARENT, CUSTODIAN OR GUARDIAN OF CHILD

In entering this agreement, I understand that, while the agreement continues, the Secretary or the principal officer of the adoption agency named on this form

- is authorised to place the child with suitable persons or in a suitable place; and

- will be responsible for ensuring that the child receives proper care; and

- will make arrangements for financial support for the child; and

- will make arrangements for access to the child while I continue to have a right of access to the child; and

- is authorised to sign consents to anaesthetics or surgical operations where there is a serious threat to the health of the child and I cannot be contacted within a reasonable time; and

- is authorised to consent to the vaccination of the child and to decide such course of vaccination; and

- will provide me with information about the child from time to time while the agreement continues.

I understand that the person or persons caring for the child will have the right to make day to day decisions about the care of the child.
2. **LENGTH OF THIS AGREEMENT**

I understand that this agreement will no longer apply -

- if I revoke my consent to the adoption of my child; or
- if I revoke from the agreement at any time; or
- if a specified date has passed not exceeding 6 months from the day on which this agreement was signed; or
- if all consents needed for the adoption have been given or the court has decided that any consent is not needed; or
- if the Secretary or the principal officer of the adoption agency becomes guardian of the child or if for some other reason I no longer have a right to custody or guardianship of the child.

3. **EXTENSION OF THIS AGREEMENT**

I also understand that the agreement cannot be extended unless I agree.

4. **AGREEMENT TO SECRETARY OR PRINCIPAL OFFICER CARING FOR CHILD**

*Please tick appropriate boxes*

- I consented to the adoption of my child on *(day) ______ (month) __________________ (year) _______

  OR

- I am considering giving consent to the adoption of my child.

- I agree to the Secretary of Department of Human Services or the principal officer of *(insert name of adoption agency)*
  adoption agency exercising my rights and carrying out my responsibilities for the child in the ways described in this agreement for a period of not more than 6 months.

**Signature**

*(of Parent, Custodian or Guardian of Child)*

**Date**

____________________________________________________
STATEMENT OF SECRETARY OR PRINCIPAL OFFICER OF ADOPTION AGENCY

Full name of Official Signing this Agreement

Address

Please tick appropriate box

☐ I am the Secretary of Department of Human Services

OR

☐ I am a person assigned the functions or powers given to the Secretary under section 45 of the Adoption Act 1984.

OR

☐ I am the principal officer/deputy principal officer of ______________________________ (insert name of adoption agency)

Adoption agency.

I am satisfied that the effect, nature and length of this agreement has been explained by an adoption counsellor, namely (insert full name of counsellor), ______________________________ to the person entering into this agreement.

I agree to exercise the rights and carry out the responsibilities that are described in this agreement.

The last day on which the agreement will apply will be the (day) ______ (month) _________ (year), _________ unless it stops applying earlier for any reason set out earlier in this agreement under the heading 'LENGTH OF AGREEMENT'.

Signature

Designation

Date signed

Where signed (suburb, town) (state)