**GP MEDICAL DECLARATION FOR RELIEF CARER**

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| **Relief Carer Name:** |  |
| **Relief Carer D.O.B:** |  |
| **Relief Carer Address:** |  |

I certify that I have checked the medical records of the above named and that there is nothing to indicate they would be unsuitable to act as a Relief Carer for children in care.

This includes, to the best of my knowledge, no mental or physical illness, or disability, that would suggest children in care could not be looked after safely by the above named.

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| **Signature of Doctor:** |  |
| **Date:** |  |