

BABYSITTING / CHILDMINDING FORM

Name of Parent/Guardian:				Room No:
				Departure Date:
				Age:
				Age:
Child's Name:				Age:
Date of service requested:	-	/	/	Time: from to
	-	/	/	Time: from to
	-	/	/	Time: from to
	-	/	/	Time: from to
Babysitting Charges and detail	ls:			
 VUV 2,000 per hour after 8 hours to maximum of 10 hours. Taxi Fare of VUV 1,500 if staff working after 10:00pm. Please note:				
Please indicate where you will	be while	st the	babys	tting service is in operation:
Immediate contact number du	ring the I	oaby	sitting	eriod (mobile) :
Is your child / children receiving	ig any m	edica	ation o	has any allergies? ☐ Yes ☐ No
If yes, please specify:				
to our acting upon the advice paramedics/ a doctor, you cor	of such pasent to s	erso such	ns. In being	g paramedics and/or a doctor if we consider such required and ne event of first aid being applied before the arrival of ndertaken without any liability on Iririki Island Resort, its ny consequences arising there from.
Special Request:				
Iassociated companies_officer	s and sta	aff are	_agree	to indemnify and hold harmless the Iririki Island Resort, anyway responsible for any injury, loss or damage,
				aused, and / or of any consequences arising from the use of the

Parent/Guardian Signature: _____

Date: _____