

Republic of Uganda  
Form 2  
Form of Undertaking  
Foster Care Placements  
The Children Act

Rule 9.

I/We ..... (names of foster parents)

Who received .....(name of child)  
into my/our home on ..... (date)  
from .....(name of district probation and social welfare office)  
undertake that—

1. I/We will care for ..... (name of child) as though he/she were my/our own child.
2. I/We will bring him/her up in accordance with the..... religion.
3. I/We will look after his/her health and allow him/her to be medically examined as required by the district probation and social welfare office
4. I/We will allow an officer of the district probation and social welfare office or representative of the Ministry to visit my/our home and to see the child at any time
5. I/We will inform the district probation and social welfare office immediately if the child is seriously ill, or is missing, or is involved in an accident, or is in any kind of trouble.
6. I/We will inform the district probation and social welfare office immediately if I/we plan to change residence and address.
7. I/We understand that an officer of the district probation and social welfare office has the right to remove the child from my/our home in certain circumstances.

Signed, foster father Signed, foster mother

Address of foster parent.....

Certificate.

I, ....., (title)  
certify that I have explained the foregoing undertaking in the  
language to

and

foster parent(s).

District Probation and Social Witness Welfare Officer

Address of District Probation :.....

Address of witness .....and

Social Welfare Office:.....

Date: ...../...../ 20.....