

Republic of Uganda
Form 4.
Foster Child Case Record.
Foster Care Placements.
The Children Act

Rule 16

Name of child (surname first): _____

Date of birth Age: _____

District of origin: _____

Sex Religion: _____

Names of foster parents: _____

Foster parent's home address: _____

LC 1: _____

Village: _____

Parish: _____

Sub County: _____

County: _____

Natural father's name Alive/dead/unknown: _____

Natural mother's name Alive/dead/unknown: _____

Natural father or guardian's address: _____

LC 1: _____

Village: _____

Parish: _____

Sub County: _____

County: _____

Details of foster child's brothers, sisters and relatives

Names Addresses: _____

Where was the child living immediately prior to this foster placement? (Please give names and addresses of carers or institution). _____

Case history of the child and his/her family

State what efforts have been made to trace the parents or relatives and to return the child to his/her family? _____

Details of medical history, including immunisation: _____

Details of education- School Class: _____

Name of supervising officer: _____

Address: _____

Supervisor's signature: _____

Date: _____