Notification to families of fumigation of Family Day Care Residence or Venue

Educator's name :		
Dear Parent/ family,		
•	er the license held by Child Care Services Tare ay Care Taree Great Lakes Gloucester I must Is free of vermin.	
1. I will be having my premises	s fumigated on;	
(insert day and date)		
at (insert address)		
		
2. The premises will be fumigated for pests by (insert name of company)		
3. The chemical/s used are (ir	nsert chemical)	
4. Please advise me if you kno below in space provided besid	ow if this may cause a health risk for your child le your child/s name.	d and sign form
CHILD'S NAME	PARENT SIGNATURE	DATE
Thank you.	1	l

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