

Respite Ministry Form

Please be thorough and mark 'N/A' if the question does not apply. This form will be kept on file and should be updated as needed. Thank you for participation.

Date: _____

Name: _____

Please print

Date of Birth: _____

Parent/Guardian Name/s: _____

Please print

Address: _____

Street

City

Zip

Parent email: _____

Phone Numbers (Please include home, cellular, and pager numbers):

Emergency Contact: _____

List all medications to be given while at event. (All medications must be in their original container.)

Medication	Dosage	Times
•	_____	_____
•	_____	_____
•	_____	_____
•	_____	_____

Help us get to know your participant by answering the following questions...

Does or has the participant:

1. ever had a seizure? _____ YES _____ NO

explain: _____

2. Use a wheelchair, walking device or prosthetic devices? _____ YES _____ NO

explain: _____

3. Have allergies (medication/food)? _____ YES _____ NO

explain: _____

4. Require addition forms of medical care (i.e. CAN, RN, etc.) to participate in a social setting?

_____ YES _____ NO

explain: _____

Participant communicates (check all that apply/describe):

Using complete sentences

Using picture schedules or word cards

Using 2-3 word phrases

Using single words

Through a communication device

Through vocalizations sounds

Through writing

Using sign language or gestures

During meal or snack time the participant (check all that apply/describe):

Can eat independently or with minimal assistance

Has special diet restrictions explain: _____

Requires supervision, coaxing, quiet area explain: _____

Is fed through a g-tube requiring assistance

Should only eat snack provided by caregiver explain: _____

Participant toilets:

- Independently
- With cues/reminder to use the restroom and wash hands
- With assistance (i.e. needs help buttoning pants, pulling up or down)
- Participant does not use toilet; uses diapers/pull-ups

Personality

Does the participant have sensitivity to (check all that apply/describe):

- | | |
|--|--|
| <input type="checkbox"/> Loud music or noises | <input type="checkbox"/> Wind |
| <input type="checkbox"/> Crowded rooms | <input type="checkbox"/> Smells explain: _____ |
| <input type="checkbox"/> Transitions and changes | <input type="checkbox"/> Textures explain: _____ |
| <input type="checkbox"/> Changes in temperature | <input type="checkbox"/> Other: _____ |

In general the participant enjoys the following activities:

- ✓ _____
- ✓ _____
- ✓ _____
- ✓ _____

Please list any additional information we need to know about the participant not provided above:

Information was completed by:

Signature

Date

**PARENTAL CONSENT, RELEASE OF LIABILITY,
AND EMERGENCY MEDICAL TREATMENT AUTHORIZATION FORM**

Participant's Name _____ Birth Date _____

Address _____

Home Telephone _____

Mother's Name _____ Father's Name _____

I, _____ (name of parent or legal guardian) am the _____ (relationship to participant) of _____ (participant's name). I give consent for my child to participate in The respite ministry program at _____. If my child suffers an injury or illness while participating in this program, and if volunteers of this ministry are unable to contact me at the telephone numbers above or below, I hereby authorize the volunteers of this ministry to obtain such emergency medical care or treatment deemed necessary. I further consent to the provision to my child of such emergency medical care or treatment, as is deemed reasonably necessary by a licensed physician. This consent is signed for the purpose of authorizing medical treatment under emergency circumstances in my absence.

In consideration for the agreement of this ministry at [ENTER CHURCH NAME HERE] to permit my participant to engage in the above activity, I, on behalf of my participant, hereby release and waive any and all claims for damages, injury, or death against [ENTER CHURCH NAME HERE], and it's officers, directors, employees, agents, independent contractors, and staff, that may accrue to me or my participant as a result of their activity in the program, and agree to indemnify, protect, and hold harmless [ENTER CHURCH NAME HERE] from any claim or liability whatsoever, including, but not limited to personal injury, property damage, court costs, and attorney's fees, however caused, as a result of my child's participation in the program, except, for conduct constituting gross negligence by [ENTER CHURCH NAME HERE].

Emergency contact names, relation, and telephone numbers:

1. _____
Name Relation Telephone number

2. _____
Name Relation Telephone number

Signature: _____ Relation to participant: _____ Date: _____

PHOTOGRAPHIC RELEASE FORM

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned hereby grants to the [ENTER CHURCH NAME HERE] permission to take still or moving photographs, films, slides, or videos of him/herself or his/her child, and consents to and authorizes the [ENTER CHURCH NAME HER] to use and reproduce said photographs, films, slides, or videos, with or without the undersigned's name, and to circulate and publish the same by any and all means, including but not limited to, magazines, newspapers, slide presentations, television, brochures, or pamphlets.

Signature: _____ Relation to participant: _____ Date: _____