

# KEEPING KIDS SAFE RESPITE COMMUNICATION FORM

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This form is to be completed by the foster parent and given to the respite provider. The respite provider is to complete their part, and return it to the foster parent. The foster parent is to turn this form in with the monthly paperwork. **REMINDER: All respite is to be pre-approved.**

Name of foster child: \_\_\_\_\_

Name of respite provider: \_\_\_\_\_

Dates / Time of Respite: \_\_\_\_\_

Emergency # where FP can be reached at: \_\_\_\_\_

Keeping Kids Safe on-call number: 419-788-6067

- Keeping Kids Safe approved Respite
- Is child on medications:  Yes  No -If yes, list: \_\_\_\_\_
- Does child have appointments during respite time:  Yes  No - If yes, list: \_\_\_\_\_
- Are arrangements made to get child to appointment:  Yes  No - If yes, who is responsible: \_\_\_\_\_
- Discussed allergies or dietary restrictions: \_\_\_\_\_
- Discussed contact allowed / not allowed with: \_\_\_\_\_
- Discuss behaviors & discipline methods used: \_\_\_\_\_
- Reviewed clothing / personal belongings before & after respite: \_\_\_\_\_

### **To be completed by Respite provider:**

While in my care, the child did: \_\_\_\_\_

Behaviors he/she displayed: \_\_\_\_\_

There were some no problems with his/her appointments: If so, list: \_\_\_\_\_

We have reviewed and discussed the information above. I agree that I will not disclose or knowingly allow the disclosure of any information regarding this youth, or his/her family to persons not directly involved in the child's care and treatment.

\_\_\_\_\_  
Respite Provider signature                      Date

\_\_\_\_\_  
Foster Parent Signature                      Date

\_\_\_\_\_  
Keeping Kids Safe CW                      Date