



## Respite Care Information Form

Child's Name: \_\_\_\_\_

M/F (Circle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Parent's name(s): \_\_\_\_\_

Contact number(s) for tonight: \_\_\_\_\_

### Siblings:

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Medical:** Please list any medications the child currently takes:

\_\_\_\_\_  
\_\_\_\_\_

Is the child potty trained? Y/N (Circle) If yes, do we need to offer any assistance? Please describe:

\_\_\_\_\_  
\_\_\_\_\_

Does the child have any allergies, i.e., food? If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_

What else do we need to know about your child? Please list any issues that we need to know about to ensure your child has a positive experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_