

FOSTER CARE RESPITE INFORMATION SHEET

When making foster care respite arrangements, please complete form and give to respite provider

Name of Foster Parents: _____ Cell Phone: _____

Full Address: _____

Emergency Phone Number: _____ Email: _____

Respite Begin Date & Time: _____ Respite End Date & Time _____

	Child #1	Child #2	Child #3
Child's Name, Age & Gender:	Name: Age: Gender: M or F	Name: Age: Gender: M or F	Name: Age: Gender: M or F
Medications:	Med: Dose: Times: Med Dose: Times: Med Dose: Times:	Med: Dose: Times: Med Dose: Times: Med Dose: Times:	Med: Dose: Times: Med Dose: Times: Med Dose: Times:
Dietary Needs: (foods, pets, etc.)	Dietary Needs: Allergies:	Dietary Needs: Allergies:	Dietary Needs: Allergies:
Special Needs: (bedwetting, behavior issues, boundaries, etc.)			
Medical & Dental Contact Phone Numbers:	Medical Dr: Phone: Dentist: Phone:	Medical Dr: Phone: Dentist: Phone:	Medical Dr: Phone: Dentist: Phone:
Social Worker:	Name: Phone:	Name: Phone:	Name: Phone:
Bedtime Schedule & Needs:	Bedtime (school days): Bedtime (non-school days): Night Light? Pull-up?	Bedtime (school days): Bedtime (non-school days): Night Light? Pull-up?	Bedtime (school days): Bedtime (non-school days): Night Light? Pull-up?
Child's Schedule: (List Dr appt, family visits, activities, school, etc.)			

To ensure that the respite provider has all the necessary information and supplies, please check the following reminder list:

- Each child has daily changes of clothes?
- Are they clean and appropriate for the weather?
- Child has toothbrush, hairbrush and pajamas?
- Does child need swim suit, snow pants, jacket, boots, school backpack, etc?
- Baby has enough diapers/pull-ups & wipes?
- Does respite provider need child's car seat?
- Baby has enough infant formula, bottles, baby food or special dietary foods?
- Are medications packed in original, labeled bottles & did you provide verbal & written details?
- Did you pack other medical equipment?
- Did you provide child's Medicaid Card or Number?