

## FOSTER HOME RESPITE CARE CHILD INFORMATION

This form is to be used when a child is placed temporarily in foster home respite care – **foster parents** are to complete the form and give it to respite providers at the time respite begins. Please include the child's **Medical Assistance Card** and the **Medical Services Consent** form.

### Information About Child

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Foster Parents Name: \_\_\_\_\_

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

\_\_\_\_\_

If available, foster parent emergency phone number during respite: \_\_\_\_\_

Dates child will be in respite care and times.

Respite Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time: \_\_\_\_ AM/PM

Respite End Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time: \_\_\_\_ AM/PM

Name of Doctor (and/or clinic): \_\_\_\_\_ Phone: \_\_\_\_\_

Medical (medications taken, allergies, etc.): \_\_\_\_\_

\_\_\_\_\_

Appointments (medical, therapy, home visits, etc.): \_\_\_\_\_

\_\_\_\_\_

Name of birth parent(s) that may need contacting: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Birth parent's phone number: \_\_\_\_\_

School/work schedule (include name of school/work employer and phone number): \_\_\_\_\_

\_\_\_\_\_

Basic rules that are applied in the foster home: \_\_\_\_\_

\_\_\_\_\_

Any behaviors that may warrant concern/additional supervision in regard to this child's contact with other children, adults, animals, etc. Include concerns of physical or sexual aggression: \_\_\_\_\_

\_\_\_\_\_

Social worker's name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Reminder: Attach child's MA card and Medical Services Consent**

**Attach infant/baby sleep and feeding schedule.**

Form Completed by: \_\_\_\_\_

**Foster Parent Signature**

**RETURN FORM TO FOSTER PARENT(S). USE BACK SIDE FOR NOTES OR CONCERNS.**