

***Circles of Care***  
**Respite Care Form**

(To be completed by foster parents to give to respite provider)

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Foster Parents: \_\_\_\_\_ Name of COC Social Worker: \_\_\_\_\_

**I) Medical Information-**

Any allergies (food, etc.):     No         Yes

If yes, specify: \_\_\_\_\_

**Current Medication:**

Name	Administration(dosage)	Special Instructions
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any other medical conditions:     No         Yes

If yes, specify and what the needs are/precautions, etc. \_\_\_\_\_

**II) Behavior/Discipline:**

Sleep habits (schedule, sleep problems, etc.): \_\_\_\_\_

Possible exhibited problem behaviors and recommended response or action to take: \_\_\_\_\_

This child/youth enjoys: \_\_\_\_\_

No physical discipline is allowed.

This child/youth responds best to the following discipline/rewards/consequences:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**III) Emergency Information:**

Foster Parents can be reached at: Phone: \_\_\_\_\_

Other: \_\_\_\_\_

Cell: \_\_\_\_\_

Doctor Information: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's Medicaid Number: \_\_\_\_\_

Circles of Care Information: Phone: \_\_\_\_\_

**IV) Misc. Information that respite provider needs to meet this child's/youth needs while on**

respite. \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ authorize \_\_\_\_\_ to care  
(Foster parent name) (Respite providers name)

For this child/youth according to the guidelines listed above.

*This form is to be turned in to COC by respite provider or given back to foster family to turn in to COC.*

Reviewed by COC staff: \_\_\_\_\_