

Date Completed: _____

Date Updated: _____

Family Support Services Enrollment Form

Child's Name	Date of Birth	Home Telephone Number
Child's Home Address		City, State and Zip Code
Name(s) of Parent(s) and/or Guardian(s)		Address, if different
List telephone numbers where parent or guardian may be reached while child is at respite	Mother	Father
Guardian		
List name address and phone number of person to call in case of emergency if parent/guardian cannot be reached		
I hereby authorize the following persons to pick up my child: Children will only be released to a person designated by the parent/guardian after verification of ID.		
Name	Telephone Number	

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:
 In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Primary Care Physician:	Address:	Phone Number:
_____	_____	_____
Name of Emergency Medical Facility:	Address:	Phone Number:
_____	_____	_____

I give consent for Laura Baker Services Association to secure any and all necessary emergency medical care for my child.

What is your Child's Diagnosis?

Does your child have any allergies? If Yes, please list and describe any allergic reaction:

Yes No

Will your child need to take medication while at respite? If Yes, please complete the MEDICATION AUTHORIZATION FORM

Yes No

Does your child need assistance with toileting? If Yes, please describe:

Yes No

Does your child have specific fears? If Yes, please describe:

Yes No

What would be the appropriate staff ratio for your child? 1:1 _____ 1:2 _____ 1:4 _____ 1:6 _____

Please use the reverse side of this sheet to list any additional information, including behavior modifications and significant risks, that will assist us in caring for your child.

Signature of Parent/Guardian

Date