



Lesia's Land of Love

Respite Intake Form

Full Name *

First Name

Last Name

Preferred Name/Nickname

Date of birth *

Month Day

Year

Age *

Gender *

Male

Female

Other

Address *

Street Address

Street Address Line 2

Parent/Guardian Information

Parent/Guardian 1 name *

First Name Last Name

Relationship to child *

Phone Number *

Please enter a valid phone number.

Email *

example@example.com

Parent/Guardian 2 name

First Name Last Name

Relationship to child

Phone Number

Please enter a valid phone number.

Email

example@example.com

Emergency Contact

Name *

First Name Last Name

Relationship to Child *

Phone Number *

Please enter a valid phone number.

Who is authorized to pick up the child (list all names) *

Respite Care Details

Reason for respite care *

Special instructions for drop-off/pick-up

Health & Safety

Any known allergies *

Yes

No

If yes, please list:

Is the child currently taking any medications *

Yes

No

If yes, please list (include dosage, route of administration, time to be administered, purpose of medication, possible side effects):

Special health conditions or needs: *

Specific allergic reactions to watch for

Steps to take if an allergic reaction occurs

Special dietary needs *

Seizures *

Yes

No

If yes, describe type, frequency, and management

What interventional steps should we take?

When should we call you regarding symptoms or failure to respond to treatment?

When should we consider that the condition requires emergency medical care or reassessment?

Topical ointment permission *

A&D or other diaper rash ointment

Bubble bath and/or lotion

Sunscreen

Insect repellent

Recent hospitalization? if yes, please describe *

Does the child have a history of: *

- Running away
- Injuring themselves
- Injuring others
- Damaging property

Any Bruises or injuries present upon arrival? *

- Yes
- No

If yes, please describe:

Daily routine & preferences

Usual wake-up time *

Usual bedtime *

Nap schedule, if applicable *

When did your child last eat? *

Bathing preference/need? *

- Yes
- No

If yes, please explain

Sleeping arrangement recommendations/requests (Please note that child may share a bedroom with an age-appropriate child of the same sex) *

Comfort items *

Preferred activities *

Activities to avoid *

Information regarding your child with exceptional needs

Definition of Condition (What is the medical definition of the condition that your child has?) *

Manifestation of Condition (What are the specifics of how the condition is manifested in the child?) *

Treatment (What treatment has the child had for this condition? What treatment is the child currently undergoing? Who provides treatment?) *

Triggers (What home, school, and community situations trigger inappropriate behavior?) *

Early Warning Signs: (What initial behaviors signal that the child is becoming agitated/anxious?) *

Preventive Measures (How can the environment, activities, attention, be structured to prevent problems or altered to effect a positive change if problems are beginning to occur?) *

Avoid (Which behavior management techniques make the situation worse rather than better?) *

Escalated Behaviors (What happens when the child escalates? How quickly does escalation occur?) *

Interventions That Are Most Useful (What interventions have proven to be most useful in home, school, and community settings?) *

Call Order (In what order and under what circumstances for each are police, social worker, and/or parents to be called?) *

Is there a plan for managing the child's behaviors at home *

Yes

No

If yes, please explain

Is there anything else we should know about your child to provide the best possible care?