

Parent/Guardian Respite Care Consent Form for Spring Hill Baptist Church

I, _____, on behalf of myself and my child, _____, apply to Spring Hill Baptist Church to participate in its Respite Care Program being held at the main church campus at 2620 Frays Mill Road (the "Facility"). I acknowledge, represent, and consent to the following:

1. I am the parent or legal guardian for the child for whom this document is signed. I have discussed my child's participation in the Respite Care Program with my child's physician, and have received my physician's approval for my child's participation. I believe that my child is able to participate in the Respite Care Program without undue risk of harm to my child's health or well-being. I acknowledge that Spring Hill Baptist Church will not assess or approve my child's fitness for participation. I voluntarily execute this Consent and have voluntarily chosen to allow my child to participate in the program.
2. I understand that Spring Hill Baptist Church is not a medical services provider and has not undertaken to provide medical care to my child. I acknowledge that participation in the Respite Care Program involves risks of injury, illness, and/or harm to persons and property, and I assume those risks on behalf of my child.
3. I give my permission for my child to be treated for illness or injury sustained while participating in the Respite Care Program, including, if necessary, the administration of emergency anesthesia or surgery, and authorize Spring Hill Baptist Church personnel to act on my behalf in ordering such treatment if I am unable to be reached.
4. I have received a full explanation of Respite Care Program from Spring Hill Baptist Church personnel and have had opportunity to ask questions of Spring Hill Baptist Church personnel and clarify any concerns I may have with the Program.
5. I understand that I may withdraw my child from participation in the Respite Care program at any time, and that Spring Hill Baptist Church may refuse to allow my child to participate or to continue to participate in the Respite Care program at any time if, at the discretion of Spring Hill Baptist Church personnel, my child's participation might endanger his or her health or safety, the health or safety of another participant or worker in the Program, or might adversely affect the goals and ministry of Spring Hill Baptist Church.
6. THIS DOCUMENT IS INTENDED TO ABSOLVE SPRING HILL BAPTIST CHURCH AND THE FACILITY OF ANY LIABILITY TO ME OR MY CHILD THAT IS RELATED TO MY CHILD'S PARTICIPATION IN THE ACTIVITY. Accordingly, I hereby release Spring Hill Baptist Church, its personnel, its volunteers, and the Facility (the "Providers") from, waive, and will never sue the Providers for any damage (whether damage to or loss of property, finances, life, body, mind, or emotions), cost, suit demand, claim, or other liability, that arises or is alleged to arise from or in connection with my child's participation in the Program. Such liability includes any liability that arises from a Provider's negligence (but not its willful and wanton misconduct). Such liability also includes any liability that arises or is alleged to arise from claims for contribution by another that my child or I have sued or from whom my child or I have received compensation.
7. I have provided full medical information regarding my child's special needs to Spring Hill Baptist Church personnel. I understand that I am responsible to arrange for all administration of medicine, provision of medical supplies, and delivery of medical care that my child may need during the course of his or her participation in the Program. I am not relying on Spring Hill Baptist Church personnel to provide my child with medical care.

8. References in this release to Spring Hill Baptist Church include its officers, directors, employees, personnel, volunteers, ministry partners, and other related organizations.
9. I acknowledge that acceptance into the Program is contingent upon the consensus of Spring Hill Baptist Church personnel that my child's special needs are consistent with the Program criteria and that my child's needs can be adequately addressed by Spring Hill Baptist Church personnel.
10. I have provided Spring Hill Baptist Church with contact information for me and an emergency contact in the event I am unable to be reached. I understand that it is imperative that I be timely in dropping off and picking up my child from the Program and understand that consistent failure to do so may result in my child's inability to continue participating in the Program.
11. I give permission for my child's picture and any interview provided by me or my spouse to be used in marketing and media presentations for the purpose of promoting the Spring Hill Baptist Church ministry.

Signature of Parent or Guardian

Date

Special Needs, Dietary Restrictions, Medical Conditions of my Child

Parent/Guardian Interview Form

Child's Name _____ Birthday _____

Address _____

Telephone _____ E-Mail _____

Parent's Names _____

Education

Specific diagnosis

Is child in school? If yes, where?

Type of placement

Behavior

Is the child on medication? If so, what is it and how often does it have to be administered?

Describe the child's behavior (is he aggressive? Does he hit, bite, throw, run away, yell, pull hair, self abusive?)

What do you do to control his behavior?

OVER

How does he deal with people he doesn't know?

Food

What are the child's eating habits?

Is he allergic to any foods? If so, please describe the food and reaction.

Are there food restrictions?

What do you give him for snacks?

Independence and Prosthetic Devices

Does the child take care of his or her toileting needs?

Does the child feed him or herself?

Does the child dress him or herself?

Does the child use a hearing aid? Cane? Wheelchair? Walker? Have artificial limbs? Or any other prosthetic device?

Communication

Is the child's speech understandable to people who don't know him or her?

How does the child communicate basic needs? (such as asking for a drink or using the toilet?)

Does he or she use any sign language or a language board?

What special care needs should we be aware of?

Hobbies/Special Interests/Pets

OVER

PLEASE COMPLETE THIS INFORMATION FOR SIBLINGS WHO ARE ATTENDING

Child's Name _____ Birthday _____

Is he allergic to any foods? If so, please describe the food and reaction. Are there food restrictions?

Is the child on medication? If so, what is it and how often does it have to be administered?

Hobbies/Special Interests/Pets
