



*an initiative of 99 Balloons, Inc.*

To fill this out on your computer, you must use Adobe Reader.

## Parent/Guardian Information

Child's Name

Child's Primary Diagnosis *(please be specific)*

Mother

Father

Guardian

First Name

Last Name

Address

City

State

Zip

Email Address

Home #

Cell #

Mother

Father

Guardian

First Name

Last Name

Address (if different from above)

City

State

Zip

Email Address

Home #

Cell #

Mobile Phone Number(s) in use while child is at rEcess:

*(please be sure to leave this contact number during rEcess Check-In)*

ex: Year Aug 2015 Signature Jane Doe

Year \_\_\_\_\_ Signature \_\_\_\_\_ Year \_\_\_\_\_ Signature \_\_\_\_\_ Year \_\_\_\_\_ Signature \_\_\_\_\_

## Emergency Information

In the event of an emergency, the following person may be called and is authorized to pick up my child.

*(Positive identification must be provided before your child will be released.)*

Name  Relationship

Mobile Number

In the event of an emergency, I give the rEcess staff or any emergency medical personnel permission to transport my child to the nearest hospital for medical treatment in the event that I cannot be located. I consent for necessary emergency treatment by the medical staff for my child in the event I cannot be reached to make arrangements at the time of illness or accident.

Child's Full Name  Child's SSN

Date of Birth  Place of Birth

Date of last Tetanus

Please list all known drug allergies:

Please list any medications that are taken on a regular basis:

Will medication be needed during rEcess?  No  Yes

***If yes, please complete the Release for Administration of Medication form.***

## Insurance Information

Insurance Carrier  Policy #   
Group #  Insurance Phone #

***If insured is different from child::***

Insured's Name  SSN   
Relationship to Child

Primary Physician  Address   
Physician Phone   
Preferred Hospital  Address

Does insurance information apply to all children?  Yes  No

***If no, please include insurance information on the Sibling Form(s).***

**Party Responsible for Payment::**

Name  Relationship to Child   
Address   
City  State  Zip   
Employer   
Home Number  Work Number

**Parent/Legal Guardian Signature:**  **Date:**

## Sibling Information

Please list all siblings attending rEcess::

Sibling 1:

Name

Age

Date of Birth

Sibling 2:

Name

Age

Date of Birth

Sibling 3:

Name

Age

Date of Birth

Sibling 4:

Name

Age

Date of Birth

Sibling 5:

Name

Age

Date of Birth

***Please complete the additional "Sibling Info Form" to provide additional details and information for each sibling.***

## Physical Needs

**Vision:**  Normal  Impaired  Blind

**Hearing:**  Normal  Impaired  Deaf  Hearing Aid

**Motor:**  Head Control  Rolls Over  Sits  Crawls  Cruises  
 Walks  Walker  Crutches  Braces  Wheelchair

**Toileting Skills:**  Toilets independently  Wears a diaper  Needs Help  
 Being potty trained  Potty trained, needs assistance

Staff can help by:

### Eating Habits:

No Restrictions  Can take nothing by mouth  Soft foods only  Bottle

Staff can help by:

### Food & Environmental Allergies (please list all, e.g. wheat, dairy, cedar, cats, etc):

# Communication

**Communicates with:**

- |                                    |  |                                  |                                   |
|------------------------------------|--|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Words     | <input type="checkbox"/> Babbles       | <input type="checkbox"/> Phrases | <input type="checkbox"/> Gestures |
| <input type="checkbox"/> Sentences | <input type="checkbox"/> Sign Language |                                  |                                   |

Other (Please describe):

**Can understand what others say:**

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> All the time | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Some of the time |
|---------------------------------------|---|---|

**Behavior:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Outgoing                       | <input type="checkbox"/> Shy  | <input type="checkbox"/> Plays in groups |
| <input type="checkbox"/> Adapts to new situations well  | <input type="checkbox"/> Adapts to new situations with difficulty   |  |
| <input type="checkbox"/> Responds to correction well    | <input type="checkbox"/> Responds to correction with difficulty     |  |
| <input type="checkbox"/> Sometimes threatens others     | <input type="checkbox"/> Sometimes hits, bites or hurts self/others |  |
| <input type="checkbox"/> Sometimes attempts to run away | <input type="checkbox"/> Hyperactive and/or ADD                     |  |

My child responds to separation from his/her parents by:

My child is best comforted by:

My child lets someone know what he/she wants or needs by:

## Misc.

My pet's name is:

Favorite Toy:

Favorite Stuffed Animal:

Favorite Color:

Activities my child likes (music, coloring, group activities, independent play, etc):

Fears or dislikes (i.e. dogs, balloons, loud noises, etc):

My child needs encouragement to:

Please do not ask my child to:

My child learns best when:

My child participates more when:

## Declaration of Consent & Waiver of Liability

We at rEcess look forward to serving you and your child through our rEcess respite night. rEcess seeks to provide a nurturing and safe environment for the care and training of your child in our program. However, no matter how careful our staff and volunteers are, accidents can occur. To make certain that your child is participating in these activities with your full understanding, knowing consent, and informed parental guidance and instruction of your child, we ask that you carefully read and sign this form. If you have any questions about this program or policies, please refer them to the Leadership Team of your respective rEcess program.

In consideration for the services provided by  through its **rEcess** program, I agree to the following terms and conditions of my child's participation.

### **Agreement to Participate and Waiver of Liability:**

To assist  in providing the best care for my child during rEcess, I agree to provide them with accurate and complete medical information about my child, including all special medical, physical, mental and emotional needs or disabilities that my child may have, on the **Parent Packet**, and to *immediately update* such information as developments occur from time to time.

I understand the risk of injury to my child inherent in a program whose participants consist of individuals with physical, mental, or emotional disabilities, who may exhibit violent or impulsive behavior or suffer from epileptic seizures. During any of the rEcess programs and activities, including but not limited to fellowships, respite nights and family events, my child may engage in activities such as nature hikes, sports activities utilizing balls or other game equipment, contact with animals, amusement equipment rental and playground equipment.

**To the extent permitted by law, I(we) assume all risks of injury to my(our) child, including those caused by accidents or by the acts of other participants. To the extent permitted by law, I(we) further agree to release 99 Balloons, Inc. and , as well as any additional church or organization or business that assists with putting on rEcess or holds rEcess activities in their facilities, their staff, volunteers, directors and agents, of all liability for injury or illness to my(our) child or for damage to my(our) child's property arising during any rEcess program or event due to any cause, including the negligence of any party, but not including the gross negligence or willful misconduct of 99 Balloons, Inc. and , their staff, volunteers, or agents. I(we) agree to indemnify, defend and hold harmless 99 Balloons, Inc. and , their staff, volunteers or agents from any claims, demands, actions, causes of action, lawsuits, damages or costs resulting from the actions, or failure to act, on the part of any person or organization, including those of 99 Balloons, Inc. or , their staff, volunteers and agents, including the negligence of said parties, but not including the gross negligence or willful misconduct of said parties, which may result in injury to my(our) child or the personal property of my(our) child.**

Children's Names   
*(please list all children attending rEcess)*

Parent/Guardian Signature  Date   
Parent/Guardian Signature  Date

**Must be signed by both parents or guardians**

Year \_\_\_\_ Signature \_\_\_\_\_ Year \_\_\_\_ Signature \_\_\_\_\_ Year \_\_\_\_ Signature \_\_\_\_\_ Year \_\_\_\_ Signature \_\_\_\_\_



## Permission/Authorization Agreement

Please read the following statements carefully and initial in the designated space indicating that you have read, understand, and agree to the provisions.

I understand that rEcess is a “free source initiative”; therefore, although each rEcess program adheres to some fundamental practices, **99 Balloons, Inc. does not oversee nor ensure the safety of each rEcess program.**

*Questions regarding policies and safety concerns should be presented to the Leadership Team for your specific rEcess. All rEcess logos, best practices and policies are distributed freely as a tool to individuals and organizations seeking to assist the special needs community. Each Leadership Team is empowered to tailor their rEcess program to their facility and community. With that said, feel free to contact us at [info@99balloons.org](mailto:info@99balloons.org) in the event of concerns in need of reporting.*

I have fully disclosed to rEcess all pertinent facts about my child’s special needs and accept full responsibility for failure to do so.

I will supply all necessary food, drinks, snacks, and diapers/wipes for my child.

In the case of an emergency or accident, I understand that EMS (911) will be called. I authorize EMS to administer any medical treatment, medication, or appliance deemed necessary by EMS. I also authorize transportation by EMS to the nearest appropriate medical facility, as determined by EMS. I understand that I will be responsible for payment of all EMS, hospital and physician charges for emergency services to my child.

## Publicity Release

rEcess is a respite care program designed to lessen the stress of families caring for a child with special needs. Because we will want to reach as many families as possible, we may publicize the program through television, radio and newspapers. The use of your name, your child's name and/or picture is strictly voluntary. If you want to participate in our effort to help other families learn about rEcess in the future, please sign below.

**I consent for my child/children to be photographed. The pictures may be used for press releases, journal articles, or other positive publicity related to respite programs.**

Parent/Guardian Signature

Date