

# NRBC Respite Ministry Form

Please be thorough and mark 'N/A' if the question does not apply. This form will be kept on file and should be updated as needed. Thank you for participation.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Please print

Date of Birth: \_\_\_\_\_

Parent/Guardian Name/s: \_\_\_\_\_  
Please print

Address: \_\_\_\_\_  
Street City Zip

Parent email: \_\_\_\_\_

Phone Numbers (Please include home, cellular, and pager numbers):

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

List all medications to be given while at event. (All medications must be in their original container.)

Medication	Dosage	Times
•	_____	_____
•	_____	_____
•	_____	_____
•	_____	_____

## Help us get to know your participant by answering the following questions...

### Does or has the participant:

1. ever had a seizure? \_\_\_\_\_ YES \_\_\_\_\_ NO

explain: \_\_\_\_\_

2. Use a wheelchair, walking device or prosthetic devices? \_\_\_\_\_ YES \_\_\_\_\_ NO

explain: \_\_\_\_\_

3. Have allergies (medication/food)? \_\_\_\_\_ YES \_\_\_\_\_ NO

explain: \_\_\_\_\_

4. Require addition forms of medical care (i.e. CAN, RN, etc.) to participate in a social setting?

\_\_\_\_\_ YES \_\_\_\_\_ NO

explain: \_\_\_\_\_

### Participant communicates (check all that apply/describe):

Using complete sentences

Using picture schedules or word cards

Using 2-3 word phrases

Using single words

Through a communication device

Through vocalizations sounds

Through writing

Using sign language or gestures

### During meal or snack time the participant (check all that apply/describe):

Can eat independently or with minimal assistance

Has special diet restrictions explain: \_\_\_\_\_

Requires supervision, coaxing, quiet area explain: \_\_\_\_\_

- Is fed through a g-tube requiring assistance
- Should only eat snack provided by caregiver explain: \_\_\_\_\_

**Participant toilets:**

- Independently
- With cues/reminder to use the restroom and wash hands
- With assistance (i.e. needs help buttoning pants, pulling up or down)
- Participant does not use toilet; uses diapers/pull-ups

**Personality**

Does the participant have sensitivity to (check all that apply/describe):

- |  |  |
|--|--|
| <input type="checkbox"/> Loud music or noises    | <input type="checkbox"/> Wind                    |
| <input type="checkbox"/> Crowded rooms           | <input type="checkbox"/> Smells explain: _____   |
| <input type="checkbox"/> Transitions and changes | <input type="checkbox"/> Textures explain: _____ |
| <input type="checkbox"/> Changes in temperature  | <input type="checkbox"/> Other: _____            |

In general the participant enjoys the following activities:

- ✓ \_\_\_\_\_
- ✓ \_\_\_\_\_
- ✓ \_\_\_\_\_
- ✓ \_\_\_\_\_

Please list any additional information we need to know about the participant not provided above:

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Information was completed by:

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Signature

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Date

**PARENTAL CONSENT, RELEASE OF LIABILITY,  
AND EMERGENCY MEDICAL TREATMENT AUTHORIZATION FORM**

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

I, \_\_\_\_\_ (name of parent or legal guardian) am the \_\_\_\_\_ (relationship to participant) of \_\_\_\_\_ (participant's name). I give consent for my child to participate in The respite ministry program at \_\_\_\_\_. If my child suffers an injury or illness while participating in this program, and if volunteers of this ministry are unable to contact me at the telephone numbers above or below, I hereby authorize the volunteers of this ministry to obtain such emergency medical care or treatment deemed necessary. I further consent to the provision to my child of such emergency medical care or treatment, as is deemed reasonably necessary by a licensed physician. This consent is signed for the purpose of authorizing medical treatment under emergency circumstances in my absence.

In consideration for the agreement of this ministry at North Roanoke Baptist Church to permit my participant to engage in the above activity, I, on behalf of my participant, hereby release and waive any and all claims for damages, injury, or death against North Roanoke Baptist Church, and it's officers, directors, employees, agents, independent contractors, and staff, that may accrue to me or my participant as a result of their activity in the program, and agree to indemnify, protect, and hold harmless North Roanoke Baptist Church from any claim or liability whatsoever, including, but not limited to personal injury, property damage, court costs, and attorney's fees, however caused, as a result of my child's participation in the program, except, for conduct constituting gross negligence by North Roanoke Baptist Church.

Emergency contact names, relation, and telephone numbers:

1. \_\_\_\_\_  
Name Relation Telephone number

2. \_\_\_\_\_  
Name Relation Telephone number

Signature: \_\_\_\_\_ Relation to participant: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTOGRAPHIC RELEASE FORM**

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned hereby grants to the North Roanoke Baptist Church permission to take still or moving photographs, films, slides, or videos of him/herself or his/her child, and consents to and authorizes the North Roanoke Baptist Church to use and reproduce said photographs, films, slides, or videos, with or without the undersigned's name, and to circulate and publish the same by any and all means, including but not limited to, magazines, newspapers, slide presentations, television, brochures, or pamphlets.

Signature: \_\_\_\_\_ Relation to participant: \_\_\_\_\_ Date: \_\_\_\_\_