

Edgewood Children's Center
330 North Gore Avenue
Saint Louis, MO 63119

Respite Care Plan

Child's Name: _____ Birthdate: _____

Taking the child away from home for recreation

Medication plan

 Type/Dosage/Frequency/Method

Appropriate rewards:

Time out area:

Allergies (include food allergies)

Seizures

 Type

 Frequency

Medical problems

Left/Right handed

Detail the parents' plan for how the child is to spend the time in Respite care. Include all relevant areas, such as:

- a. Meals and snacks, when and what
- b. Activities
- c. Television time/restrictions
- d. Bath/shower
- e. Bedtime, sleeping arrangements, rituals
- f. Pet care

Detail the medications the child is to be given using this outline:

- a. Times to be given
- b. Medication to be given: The exact name, as given on the container
- c. Dosage: Number of tablets, amount of liquid, etc.
- d. How administered: Oral, topical, sublingual, etc.

Parents Itinerary:

Place (Name and address) _____

Phone _____

Arriving: Date/Time _____ Leaving: Date/Time _____

Contact Person _____