

YMCA Childcare Resource Service

RESPITE UNIT PROGRAM

Request for Overnight Respite

Name of Parent/Guardian:

Names of all children present during overnight respite:

Number of respite hours authorized per month/quarter:

Parent/Guardian departure date: time:

Parent/Guardian arrival date: time:

Parent/Guardian Emergency Phone number:

Parent Location:

Requested Provider:

I _____ am requesting overnight respite for my regional center client. I certify that I have provided a separate bed for my respite worker and have assured that all medical and emergency information is up to date including consent for emergency medical treatment. I will assure that I have enough respite hours to cover the entire respite shift.

(Parent/Legal Guardian Signature)

(Date)