

Respite Provider's Information Sheet

Current Foster Parents	Emergency Phone #
Child's Social Worker	Phone
Respite Care Provider:	
Dates of Respite: _____ to _____	

Number of days reimbursed by Blue Earth County: _____

Number of days by foster parent: _____

Blue Earth County has received prior notice of respite use: ☐ Yes ☐ No

Child 1		
Name:	D.O.B.:	MA #
Medical Information (allergies, medications, relevant diagnosis, etc.):		

Child 2		
Name:	D.O.B.:	MA #
Medical Information (allergies, medications, relevant diagnosis, etc.):		

Child 3		
Name:	D.O.B.:	MA #
Medical Information (allergies, medications, relevant diagnosis, etc.):		

Child 4		
Name:	D.O.B.:	MA #
Medical Information (allergies, medications, relevant diagnosis, etc.):		

Biological Parent's Name(s): _____ Phone: _____

Are there any appointments during respite? ☐ No ☐ Yes

Details: _____

Are there any parent visits during respite? ☐ No ☐ Yes

Details: _____

Are visits supervised? ☐ No ☐ Yes

If yes, by who: _____ Phone: _____

What are the transportation arrangements? _____

Can parent(s) speak to children by phone? ☐ No ☐ Yes

If yes, frequency: _____

Are there any other people allowed contact with the children? ☐ No ☐ Yes

Details: _____

Special Instructions