

Respite Night

A respite service of New Vision's Special Needs Ministry



Dear Parents,

Thank you for showing interest in Respite Night. New Vision Baptist Church established this respite care program for families with special needs children and their siblings, ages 6 weeks to 16 years old.

NVBC hopes to provide a fun night out for parents and children with special needs in our community. Respite Night is a program that serves children with special needs who do not require constant nursing care and their families.

Volunteers from our church and the community will care for your child(ren) during Respite Night. No fees will be charged for our services. Respite Night will be offered on pre-determined Friday nights from 6pm – 10pm.

Enclosed you will find an application form, medical e forms, child interest forms, emergency forms and parent checklist forms. Please complete all forms and return them to the church office or email to Shawn Newport (contact information below). Then, a member of the Special Needs Ministry team will contact you with more information. This will help us determine if we will be able to meet your child's needs. We will go over the forms with you and discuss the policies and rules of Respite Night as well. If you are not a member of or familiar with NVBC, you may want to schedule a time to meet at the church so you can tour our facilities. ***Early reservations are required in order to allow NVBC to provide adequate number of volunteers for you child(ren).***

Please be sure you understand all forms, rules, and policies before the first Respite Night. Check in will be at the Information/Check-In desk in the preschool wing. ***Please arrive promptly between 6:00pm – 6:30pm and return no later than 10:00pm.*** Don't forget any special toys and/or equipment as well as food for any special dietary needs.

Feel free to call the church with any questions. We look forward to serving you and your family!

In Christ,

Shawn Newport

shawn.newport@comcast.net

(615) 653-2708

Tammy Freeman

tammyfreeman@comcast.net

(615) 691-0452

PROGRAM POLICIES AND PROCEDURES

TRIAL PERIOD

All children will be accepted on a trial basis to the Respite Night Program in order to determine if we can meet their needs. New Vision Baptist Church reserves the right to dismiss a child if we are unable to meet their needs.

RATIOS

- No less than 1 adult volunteer for every 3 special needs child will be present, and no less than 1 adult volunteer for every 5 siblings will be present.
- 1 adult volunteer to 1 special needs child will be determined and available on a case-by-case basis.

PARENT/FAMILY POLICIES AND PROCEDURES

PARENT RESPONSIBILITIES

- Parents will be expected to provide any special equipment necessary (i.e. special drinking cups, utensils for eating, wheelchairs, etc.) for their child to function in the Respite Night Program.
- Parents will be expected to provide food and snacks for children with allergies and/or special dietary needs.
- Parents will be expected to provide extra diapers and wipes for children who are not potty-trained. Also provide a change of clothes.

RESERVATIONS

- Reservations must be made by set deadline for each Respite Night.
- Reservations must be cancelled as far in advance as possible, in order for another child to receive our services.
- If a family fails to cancel reservations 2 times without attending or calling, NVBC reserves the right to dismiss the family from the Respite Night program.

PICK UP

Families will be required to pick up children no later than 10:00pm on the night of respite care. NVBC reserves the right to dismiss a family if they pick up their child(ren) later than 10:00pm.

PLEASE COMPLETE ONE APPLICATION FOR EACH CHILD WITH SPECIAL NEEDS

(The directors of Special Needs Ministry will keep all information on forms strictly confidential.)

TODAY'S DATE: _____

SPECIAL NEEDS CHILD

NAME: _____

GENDER: _____ **AGE:** _____ **DOB:** _____

CHILD'S PRIMARY DIAGNOSIS (please be specific):

SIBLINGS

NAME: _____

GENDER: _____ **AGE:** _____ **DOB:** _____

NAME: _____

GENDER: _____ **AGE:** _____ **DOB:** _____

NAME: _____

GENDER: _____ **AGE:** _____ **DOB:** _____

NAME: _____

GENDER: _____ AGE: _____ DOB: _____

NAME: _____

GENDER: _____ AGE: _____ DOB: _____

PLEASE LIST TWO PARENTS/GUARDIANS

PARENT/GUARDIAN #1

NAME: _____

ADDRESS: _____

EMAIL: _____

CELL PHONE: _____

PARENT/GUARDIAN #2

NAME: _____

ADDRESS: _____

EMAIL: _____

CELL PHONE: _____

PRIMARY PHYSICIAN

NAME: _____

ADDRESS: _____

NUMBER: _____

EMERGENCY CONTACTS (OTHER THAN DOCTOR)

In case of emergency, the following person may be called and are authorized to pick up my child. At least one contact must be provided. Positive identification must be provided before your child will be released.

EMERGENCY CONTACT #1

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

CELL PHONE: _____

EMERGENCY CONTACT #2

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

CELL PHONE: _____

****If there is anyone NOT permitted to pick up your child(ren), please list them here****

NAME: _____

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 have fully disclosed to New Vision Baptist Church all pertinent facts about my child's special needs and accept full responsibility for failure to do so.

_____ I will supply (in cases of food allergies) all necessary food, drinks, snacks; change of clothes and diapers/wipes for my child.

_____ In 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.

I have read and initialed the above permission/authorization statements and agree to the terms designated in each:

Guardian Printed Name	Guardian Signature	Date
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PUBLICITY RELEASE

Respite Night, provided by the Special Needs Ministry at New Vision Baptist Church, 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, in the future, we may publicize the program through television, radio and the newspapers. The use of your name, your child's name or picture is strictly voluntary. If you want to participate in our effort to help other families learn about Respite Night in the future, complete this form and return it to us.

By signing below, I give my permission for all children attending to be photographed while participating in Respite Night activities. Any pictures taken may be used for press releases, journal articles, or other positive publicity related to respite programs.

Guardian Printed Name	Guardian Signature	Date
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CARE NEEDS FOR YOUR CHILD (CIRCLE ALL THAT APPLY)

VISION: *normal* *impaired* *blind*

HEARING: *normal* *impaired* *deaf* *hearing aid*

MOTOR SKILLS: *head control* *rolls over* *sits* *crawls*

cruises *walks* *walker* *crutches* *braces* *wheelchair*

Please describe any special position needs your child may have:

CAN COMMUNICATE WITH OTHERS USING:

speech *words* *phrases* *sentences*

babbles *gestures* *sign language*

OTHER (please describe): _____

LANGUAGE SPOKEN AT HOME: _____

CAN UNDERSTAND WHAT OTHERS SAY:

All the time *most of the time* *some of the time*

recognizes voices of family members

TOILETING SKILLS

Toilets independently *diapers* *cloth* *disposable*

currently being potty trained *potty trained, needs assistance*

INDICATE SPECIAL TOILETING NEEDS/SCHEDULE: _____

EATING HABITS

Feeds self *requires feeding* *GI tube* *bottle-fed*

uses spoon *uses fork* *drinks from cup* *drinks from cup with assistance*

EATING SCHEDULE

If your child is difficult to feed, please describe any special assistance or adaptive utensils required for eating:

Do you have a medical plan of care for emergency procedures: YES NO

If you do have one, please attach a copy for us. The same plan that you have for school or daycare provider would be great.

PLEASE LIST ANY MEDICATIONS THAT ARE TAKEN ON A REGULAR BASIS

MEDICATION: _____

WHEN TAKEN: _____

HOW IT IS ADMINISTERED: _____

MEDICATION: _____

WHEN TAKEN: _____

HOW IT IS ADMINISTERED: _____

MEDICATION: _____

WHEN TAKEN: _____

HOW IT IS ADMINISTERED: _____

MEDICATION: _____

WHEN TAKEN: _____

HOW IT IS ADMINISTERED: _____

MEDICATION: _____

WHEN TAKEN: _____

HOW IT IS ADMINISTERED: _____

MEDICATION: _____

WHEN TAKEN: _____

HOW IT IS ADMINISTERED: _____

ALLERGIES

ALLERGY: _____

SEVERITY OF REACTION: _____

ACTION STEPS: _____

ALLERGY: _____

SEVERITY OF REACTION: _____

ACTION STEPS: _____

ALLERGY: _____

SEVERITY OF REACTION: _____

ACTION STEPS: _____

LIST ANY MEDICAL OR SPECIAL PRECAUTIONS FOR MANAGING THE FOLLOWING CONCERNS. PLEASE CIRCLE ANY THAT APPLY AND EXPLAIN.

Seizures _____

G-tube _____

Trach _____

Positioning _____

Respiratory _____

BEHAVIOR CONCERNS

Please share with us about any behaviors we should be aware of such as biting, scratching or any aggressive behavior.

BEHAVIOR MODIFICATION PLAN

Please explain in detail the behavior management plans being used at home and at school to modify any inappropriate behavior that may be exhibited. Our goal is to maintain consistency in the implementation of this plan and to work with you in this process.

BEHAVIOR (circle all that apply)

Shy *outgoing* *plays alone* *plays in groups*

Adapts to new situations well *adapts to new situations with difficulty* *hyperactive and/or ADD*

Responds to correction well *responds to correction with difficulty*

is sometimes destructive *sometimes threatens others*

sometimes hits, bites, or hurts self/others *sometimes attempts to run away*

Please describe how your child responds to separation from you and other family members:

Please describe how your child is best comforted:

Please describe how your child lets someone know what he/she wants or needs:

What type of play activities does your child enjoy and/or participate in:

My child becomes upset when/or does not enjoy:



NEW VISION

SPECIAL NEEDS

SPECIAL NEEDS MINISTRY RESPITE NIGHT EMERGENCY INFORMATION FORM

In the event of an emergency, I give the New Vision Baptist Church staff or any emergency medical personnel permission to transport my child to the nearest hospital/clinic for medical treatment in the event 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.

NAME OF CHILD: _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

ADDRESS: _____

KNOWN DRUG ALLERGIES: _____

CURRENT MEDICATIONS: _____

DATE OF LAST TETANUS: _____

INSURANCE INFORMATION

INSURANCE CARRIER: _____

POLICY NUMBER: _____ GROUP NUMBER: _____

INSURANCE PHONE NUMBER: _____

INSURED'S NAME: _____

INSURED'S RELATIONSHIP TO CHILD: _____

PRIMARY PHYSICIAN: _____

NUMBER: _____

PREFERRED HOSPITAL & LOCATION: _____

Waiver and Release of Liability

I, _____ (full name of Parent or Legal Guardian of Child) (hereafter "Guardian") am the parent or legal guardian having custody of _____ (full name of minor child), a minor child (hereafter "Child"). I hereby entered into this Waiver and Release of Liability (hereafter "Agreement") on behalf of myself individually and on behalf of the Child.

In consideration of the Child being allowed to participate in activities and programs with New Vision Baptist Church and/or the Special Needs Ministry Program, Guardian, on behalf of his/herself and Child, his/her heirs, spouse, assigns, next of kin, and personal representatives, does hereby agree to release and forever discharge and hold harmless New Vision Baptist Church, its ministers, employees, leaders, agents, volunteers and personal buddies (hereafter "Releasees") from any and all liability, claims, demands, and causes of action of whatever kind or nature, including but not limited to negligence, breach of any statutory or other duty of care, loss of consortium, or any claim whatsoever of personal injury, property damages, payment for medical treatment, illness, death, or accident sustained by the Child or any other person, whether or not resulting from the negligence or intentional actions of Releasees or any other individual, which arise or may hereafter arise out of Child's participation in any activities or programs of New Vision Baptist Church and/or the Special Needs Ministry. The Guardian and Child further hereby release and discharge Releasees from any and all claims, which may arise on account of any first aid, treatment, medical treatment, or other emergency service rendered in connection with Child's participation in programs and activities at New Vision Baptist Church.

The Guardian and Child understand and agree that Child's participation in activities or programs of New Vision Baptist Church may be dangerous and/or hazardous to the Child. Guardian and Child hereby expressly and specifically assume all risks of injury or harm for Child's participation in said activities and release Releasees from any and all liability for injury, illness, death or property damages resulting from Child's participation in the same. The Guardian and Child further agree to indemnify Releasees from any loss, liability, damages or costs, including court costs and attorneys fees, which Releasees may incur as a result of any claim brought against Releasees arising out of or resulting from the Child's participation in programs and activities at New Vision Baptist Church.

The Guardian and Child agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee, and that this Agreement shall be governed by the laws of the State of Tennessee. Guardian and Child further agree that Rutherford County, Tennessee is the proper venue for any action brought regarding the subject matter of this Agreement. In the event any clause or provision of this Agreement shall be held to be invalid, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement, which shall continue to be enforceable. It is my express intent that this Agreement shall bind the members of my family and spouse, my heirs, next of kin, personal representatives, and assigns. I attest that I am over 18 years of age and I represent and warrant that I have full legal authority to execute this agreement on behalf of the Child and myself.

I HAVE READ THIS AGREEMENT CAREFULLY AND I FULLY UNDERSTAND ITS CONTENTS AND IMPLICATIONS. BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I UNDERSTAND AND AGREE TO THE ABOVE RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT.

EXECUTED this _____ day of _____, _____.

Guardian Printed Name	Guardian Signature	Date
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FIRST AID/EMERGENCY MEDICAL TREATMENT AUTHORIZATION/RELEASE

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. In the event I cannot be reached in an emergency situation, do hereby give permission for any agents, volunteers or employee of New Vision Baptist Church and/or the Special Needs Ministry program to seek and secure necessary medical attention or treatment for the child named above, including hospitalization if necessary. I agree to be solely responsible for the payment of all costs and expenses arising from such medical treatment.

I agree to hereby release and discharge New Vision Baptist Church, its ministers, employees, leaders, agents, volunteers and personal buddies and the Special Needs Ministry Program, its agents, employees and volunteers from any and all claims which may arise on account of any first aid, treatment, medical treatment, or other emergency service rendered to the child.

I further give permission to attending physician(s) and other medical personnel to administer any necessary medical treatment, including diagnostic imaging, anesthesia, and surgery and I agree to be solely responsible for the payment of such medical treatment.

I HAVE READ THIS AGREEMENT CAREFULLY AND I FULLY UNDERSTAND ITS CONTENTS AND IMPLICATIONS. BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I UNDERSTAND AND AGREE TO THE ABOVE RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT.

EXECUTED this _____ day of _____, _____.

Guardian Printed Name	Guardian Signature	Date

RESTROOM AGREEMENT AND RELEASE

I recognize that there may be occasions where the child named above may need assistance in the restroom. I, on behalf of the child, and myself hereby grant express permission to the agents, volunteers and/or employees of New Vision Baptist Church and the Special Needs Ministry program to accompany and provide assistance to my child in the restroom.

I, on behalf of myself and the child, further agree to hereby release and discharge New Vision Baptist Church, its ministers, employees, leaders, agents, volunteers and personal buddies and the Special Needs Ministry Program, its agents, employees and volunteers ("Releasees") from any and all claims, suits and causes of action which may arise out of Releasees rendering assistance or accompanying my child in the restroom.

I HAVE READ THIS AGREEMENT CAREFULLY AND I FULLY UNDERSTAND ITS CONTENTS AND IMPLICATIONS. BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I UNDERSTAND AND AGREE TO THE ABOVE AGREEMENT.

EXECUTED this _____ day of _____, _____.

Guardian Printed Name	Guardian Signature	Date

PARENT CHECK LIST

ITEMS TO BRING FOR RESPITE NIGHTS:

PLEASE LABEL EVERYTHING WITH YOUR'S CHILD'S NAME

1. Extra diapers and wipes if not potty trained.
2. A change of clothes in case of accidents.
3. Any special feeding utensils including cups, spoons, etc. (please label)
4. Any special toy that calms your child, labeled, not required.
5. Any special equipment that your child needs to be comfortable