



### Special Needs Connection

*Assuredly, I say to you, in as much as you did it to one of the least of these My brethren, you did it to Me.*

*Matthew 25:40 NKJ*

### Respite Care Permission Slip

**CONTACT INFORMATION:**

CHILD'S NAME: \_\_\_\_\_

PARENT(S) OR GUARDIAN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTIFICATION IN CASE OF EMERGENCY:**

ALTERNATE NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

CURRENT ALLERGIES/SPECIAL DIET: \_\_\_\_\_

ADDITIONAL COMMENTS (ANYTHING WE SHOULD KNOW): \_\_\_\_\_

I hereby give consent for my child to be given medical care if necessary during this event.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that the Church insurance does not cover any accident or injury during this event. In case of an accident or injury your own insurance will have to be sufficient to cover emergencies.

Do you have health/accident insurance? \_\_\_\_ Yes \_\_\_\_ No

Who is the carrier? \_\_\_\_\_ Group # \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_