

Use this form if multiple children will be attending Break Time

**Break Time: A respite program for parents & guardians of children with special needs. All of the children in the family are cared for and entertained to provide a true break for parents and guardians.**

### **Mission**

To provide respite care to families raising children with special needs; to familiarize college students from education & other disciplines with the challenges faced by families with differences; to recruit, train and engage qualified members of the community as caregivers and supervisors; and to strengthen community partners serving families of children with special needs. University/College students and community members provide supervision and direct care to the children. Caseworkers, faculty and other experienced professionals donate their time and expertise. A Nurse performs all medical procedures. A Behavioral Specialist attends most sessions on an as-needed basis.

### **Who is eligible?**

Any child or young adult, ages 3 months to 21 years, living in El Paso, Park or Teller counties, who has a special health care need, be it cognitive, medical, physical, sensory, or social-emotional, will be considered for Break Time. Siblings are highly encouraged to attend. Attendance is tracked for all Break Time sessions and priority is given to those that have never attended and have not attended recently. Overall session safety is the overriding factor.

### **How does it work?**

- ☀ Complete this registration packet and return it to Sarah Nolan by email [snolan@tre.org](mailto:snolan@tre.org) or by mail or fax (see below). Email submissions must be scanned as low resolution PDF files. Other formats are too large to send.
- ☀ We will confirm your attendance and coordinate available sessions.
- ☀ Activities will include arts and crafts, music, dancing, professional entertainment and lots of fun.
- ☀ A meal and snacks will be provided.
- ☀ Locations & times vary. Participants will be given the times and location before each session. Sessions may not be held every month.
- ☀ All participation must be confirmed prior to the sessions by the Break Time Staff. There is no capability for unscheduled drop-offs.

6385 Corporate Drive, Suite 301, Colorado Springs, CO 80919

Phone (719) 338-1718 Fax (844) 207-6957

## Break Time Enrollment Form

**If any siblings will be attending, please print off and complete a sibling form for each child that will be attending. All forms must be completely filled-out for all children before they can be registered for Break Time. Leave No Unanswered Questions or Blank Pages. Write N/A if not applicable.**

Name of Child with Special Needs: \_\_\_\_\_ Nickname: \_\_\_\_\_ Male  Female

Date of Birth: \_\_\_\_\_ Child's Primary Language (including ASL): \_\_\_\_\_

Is your child non-verbal?  No  Yes. If yes, how do they communicate with others? \_\_\_\_\_

Name of Parent(s) or Guardian(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

May we text you?  No  Yes Email: \_\_\_\_\_

Emergency Contact/Name and Phone #: \_\_\_\_\_

List anyone child is allowed to be picked up by: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

**Child's Primary Medical & Behavioral Diagnoses:** \_\_\_\_\_

Does your child receive services through TRE? If so, what services? \_\_\_\_\_

Are All Immunizations up to Date?  No  Yes (If no, which are out-of date?) \_\_\_\_\_

Name of Child's Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Will your child need a nap during Break Time?  No  Yes What is his/her usual bedtime? \_\_\_\_: \_\_\_\_

**List any allergies or food aversions:** \_\_\_\_\_

**Describe any history or possibility of choking or aspirating while eating:** \_\_\_\_\_

Does your child have **any history of seizures** at any time in their life  No  Yes

If applicable, **what will a seizure look like to a caregiver?** \_\_\_\_\_

Creating a Mutually Supportive Community

**List & explain** all special equipment that your child uses (i.e. wheelchair, oxygen, g-tube, tracheotomy, etc.):

Describe your child's **toileting needs:** \_\_\_\_\_

Please list at least 5 things **your child likes**/enjoys doing:

Name of Child: \_\_\_\_\_

### Break Time Behavioral Questionnaire

Please answer all questions as honestly as possible. Behavioral issues will not exclude your child from attending Break Time. Please explain all Yes answers.

Does your child suffer from any of the following? (Check all that apply.)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Mood swings (i.e. goes from great sadness to happiness) | <input type="checkbox"/> Very upset when left by parents | <input type="checkbox"/> Hears or sees what is not really there | <input type="checkbox"/> Pervasive Developmental Disorder |
| <input type="checkbox"/> Compulsions   | <input type="checkbox"/> Soils self                      | <input type="checkbox"/> Obsessions                             | <input type="checkbox"/> Developmental Delays             |
| <input type="checkbox"/> Eating problems   | <input type="checkbox"/> Sleeping problems               |   |   |

Is your child difficult to **manage when angry** or upset? (i.e. hits self or others, destroys property, throws tantrums)  No  Yes, please explain \_\_\_\_\_

Has your child ever **run away**?  No  Yes, please explain \_\_\_\_\_

Is your child highly **impulsive**?  No  Yes, please explain \_\_\_\_\_

Has your child **ever stolen items** of value?  No  Yes, please explain \_\_\_\_\_

Has your child ever been **cruel to animals, set fires, destroyed property** on purpose, **hit other** children or adults resulting in injury?  No  Yes, please explain \_\_\_\_\_

Has your child ever been accused or caught by anyone **sexually acting out** upon him/herself or on other children/animals/objects?  No  Yes, please explain \_\_\_\_\_

Has your child ever **voiced suicidal thoughts**, tried to kill or seriously hurt him/herself?  No  Yes, please explain \_\_\_\_\_

Does your child have **access to weapons** in the home?  No  Yes, please explain \_\_\_\_\_

Has your child ever **threatened to kill anyone** or tried to kill anyone?  No  Yes, please explain \_\_\_\_\_

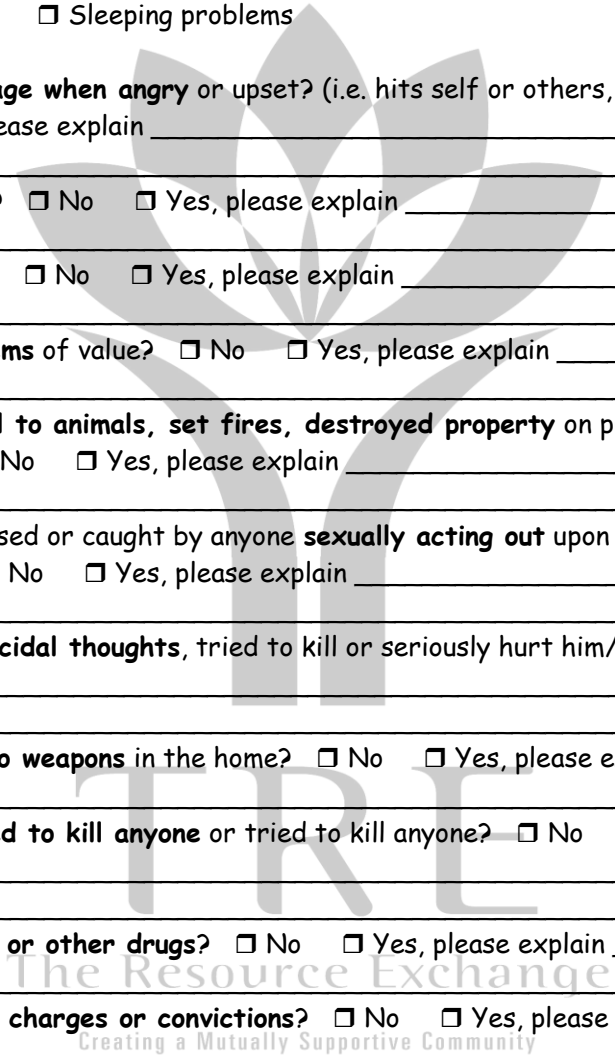
Does your child **abuse alcohol or other drugs**?  No  Yes, please explain \_\_\_\_\_

Does your child have any **legal charges or convictions**?  No  Yes, please explain \_\_\_\_\_

Has your child ever **been physically or sexually abused**?  No  Yes, please explain by whom and when \_\_\_\_\_

How do you handle your child's behavioral issues? \_\_\_\_\_

How does your child respond to your intervention? \_\_\_\_\_



Name of Child: \_\_\_\_\_

### Break Time Medication Form

Make copies of this blank if there are more than 2 medications to be administered.

Fill out this form completely and accurately. If your child is on medications, but will not be receiving them during Break Time, please just attached a copy of all current medications they are on.

Bring a sufficient amount of medication, in a current, prescription container. Over-the-counter medications, ointments and sunscreens must be delivered in original containers with instructions and warnings clearly visible. Medications that are brought to sessions in any other manner cannot be administered during Break Time or even left at the facility. You will have to choose between coming back at medication time or skipping a dose. The Registered Nurse must approve those options and may decide to reschedule your child. **\*\*Caregivers do not administer or accept possession of any medications.\*\***

Today's Date \_\_\_\_\_ **Child's Name** \_\_\_\_\_

Name of Medicine #1: \_\_\_\_\_ Dosage: \_\_\_\_\_

Reason the child needs the medication: \_\_\_\_\_

Method of Administration: \_\_\_\_\_

Any difficulties giving? (suggestions for nurse) \_\_\_\_\_

Times(s) to be given: \_\_\_\_\_

Side effects to watch for: \_\_\_\_\_

Does this medication need to be refrigerated? (please circle) Yes No

Name of Medicine #2: \_\_\_\_\_ Dosage: \_\_\_\_\_

Reason the child needs the medication: \_\_\_\_\_

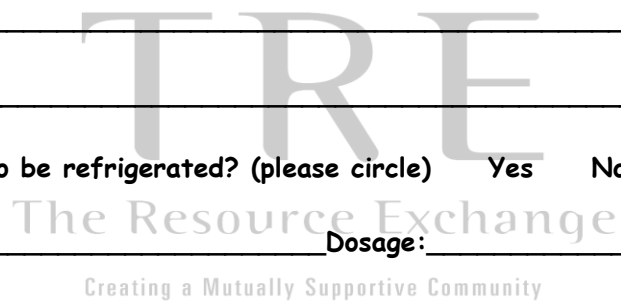
Method of Administration: \_\_\_\_\_

Any difficulties giving? (suggestions for nurse) \_\_\_\_\_

Times(s) to be given: \_\_\_\_\_

Side effects to watch for: \_\_\_\_\_

Does this medication need to be refrigerated? (please circle) Yes No



Parent's Signature \_\_\_\_\_

CONSENT TO RELEASE INFORMATION/PHOTOS, VIDEOS, STATEMENTS.

PLEASE FILL OUT EACH SECTION BELOW

Children's Names:	Birth Dates:	
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I hereby authorize: <b>The Resource Exchange</b>	To release information to: <b>The Resource Exchange</b>
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1. **Authorization:** Initial ONE OF THE FOLLOWING CHOICES BELOW:

- A. \_\_\_\_\_ I authorize The Resource Exchange to photograph
- B. \_\_\_\_\_ I do not authorize **The Resource Exchange** to photograph (name) \_\_\_\_\_ or use likeness to promote The Resource Exchange.

2. **Information Request:** Initial ALL THAT APPLY or mark "N/A" if not applicable to this consent.

The following information is requested:

	Photos, Videos, Statements, printed material. These may be used with or without my name and for any lawful purpose for TRE Marketing and promotions both internally with staff and externally with the community via TRE's website and social media.
	_____ (please initial) I understand that photos, videos, statements and printed materials released between the effective date of this authorization and the date of revocation may still be used in the public domain.
	Other: (please specify)

3. **Identification Authorization:** Initial your preference.

	TRE may use my full name on marketing and promotions materials.
	TRE may only use my first name on marketing and promotions materials.
	I wish to remain anonymous.

4. **Information Usage:** The above information may be utilized for: (please specify):

5. **Consent Term:** This consent will remain in effect until (not to exceed one year: \_\_\_\_\_ (Date of Expiration)

5. **Signatures:** I/We do understand that I may revoke this authorization at any time, provided that I/we do so in writing to The Resource Exchange.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent/Guardian

## Parent Permission Slips

**Break Time staff will call 911 to obtain emergency services for your child in any situation that is perceived to be life threatening. Please attach copies of all applicable insurance cards to avoid treatment delays.**

The granted permissions and signed authorizations below are for my children: (name)

\_\_\_\_\_

Contact parent/guardian: Name \_\_\_\_\_

Phone number(s) where you can be reached: \_\_\_\_\_

Other desired action: \_\_\_\_\_

**Please read and sign the following authorizations (Write "Not Approved" in the date for any denied permissions).**

In case of a non-life threatening emergency, illness, or accident, the staff of Break Time is authorized to provide transportation, including ambulance service deemed necessary by the Break Time staff which includes a registered nurse.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I authorize and consent to any medical diagnostic tests, procedures and treatment to be performed by an appropriate physician, relating to or arising out of any accident, illness, or injury occurring at, or in conjunction with, any Break Time activity.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Required for attendance if applicable:** My child \_\_\_\_\_ uses a wheelchair, and I give my permission for caregivers and professional staff to push/operate his/her wheelchair under the supervision of the BreakTime staff.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Your child is receiving these services in cooperation with our local colleges. Details of his/her behavior, medical condition, or other provided information could be studied, evaluated, or written about by faculty or students. Your child's and family's identity will remain confidential and any copies of enrollment forms will have all names obscured.

I give my permission for college faculty and students to have access to my child's \_\_\_\_\_ name-obscured enrollment form copies and know that they may be used for classroom case studies.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I am willing to discuss more details about my child \_\_\_\_\_ with faculty and students. Confidentiality will be maintained for my entire family.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Per TRE policy, any granted permission can be immediately revoked by a parent, guardian or participant by any means of communication. This includes a verbal, written or digital notice to TRE.**

**Are any Sibling(s) attending Break Time? Yes / No**

**If Yes, please print and fill out the form below for every child that will be attending. If the sibling has a diagnosed or undiagnosed intellectual or developmental disability please fill out a complete enrollment form vs sibling page**

Name of Child: \_\_\_\_\_ Nickname: \_\_\_\_\_ Male  Female   
Date of Birth: \_\_\_\_\_ Name of Parent(s) or Guardian(s): \_\_\_\_\_  
Name of child's Primary Care Physician, if different from child with special needs: \_\_\_\_\_

*If any medications could be given at Break Time, fill out the Medication Form for this child.*

Does your child have any allergies?  No  Yes (If yes, please list) \_\_\_\_\_

Will your child need a nap during Break Time?  No  Yes What is his/her usual bedtime? \_\_\_\_:\_\_\_\_

Does this child have any toileting needs?  No  Yes

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Please list at least 5 things your child likes/enjoys doing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please answer all questions as honestly as possible. Behavioral issues will not exclude your child from attending Break Time. Please explain all Yes answers.**

Is your child difficult to manage when angry or upset? (i.e. hits self or others, destroys property, throws tantrums)  No  Yes, please explain \_\_\_\_\_

Has your child ever **run away**?  No  Yes, please explain \_\_\_\_\_

Is your child highly **impulsive**?  No  Yes, please explain \_\_\_\_\_

Has your child **ever stolen items** of value?  No  Yes, please explain \_\_\_\_\_

Has your child ever been accused or caught by anyone **sexually acting out** upon him/herself or on other children/animals/objects?  No  Yes, please explain \_\_\_\_\_

Has your child ever **threatened to kill anyone** or tried to kill anyone?  No  Yes, please explain \_\_\_\_\_

Does your child have any **legal charges or convictions**?  No  Yes, please explain \_\_\_\_\_

Has your child **ever been physically or sexually abused**?  No  Yes, please explain by whom and when \_\_\_\_\_

How do you handle your child's behavioral issues? \_\_\_\_\_

How does your child respond to your intervention? \_\_\_\_\_

All information will be kept confidential and for the exclusive use of Break Time staff only.

Your signature signifies that the information you have or will provide is, to the best of your knowledge, true and accurate.

\_\_\_\_\_ (Signature of Parent or Guardian)

\_\_\_\_\_ (Date)

Please provide us with any information that you would like us to know about your children. Finish incomplete answers to previous questions below as well. If there is not enough space, please attach your narrative of important medical, behavioral, or any information that we may need to care for your child.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any questions at this time?

\_\_\_\_\_

\_\_\_\_\_



Do you know of another family that might benefit from our program? Please include their name, phone number, and email

address: \_\_\_\_\_

\_\_\_\_\_

Name of Child: \_\_\_\_\_