

**The Arc of the Ozarks  
Healthy Families Conference  
Respite March 10, 2012**

8:00 am-3:30pm  
Must be 5 years old

Date of Application: \_\_\_\_\_

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SRC Case Coordinator \_\_\_\_\_ County Reside In \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Phone While at Conference \_\_\_\_\_

Email address \_\_\_\_\_

Primary Diagnosis or Disability \_\_\_\_\_

Secondary Diagnosis or Disability \_\_\_\_\_

Seizure Disorder (YES) (NO) – If Yes What Procedure Do You Follow \_\_\_\_\_

\_\_\_\_\_

Behavioral Concerns \_\_\_\_\_

\_\_\_\_\_

Staff to Participant Ratio (1:1) (1:2) (1:3) (1:4) (2:1)

Is Participant and Elopement Risk (YES) (NO)

Please list successful calming strategies \_\_\_\_\_

\_\_\_\_\_

Will Participate in Swimming (YES) (NO)

Will Siblings be Attending Respite (YES) (NO) If Yes How Many \_\_\_\_\_

Does Sibling Require Staff (YES) (NO) If Yes Ratio (1:1) (1:2) (1:3) (1:4) (2:1)

**Emergency Contacts:**

1. \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_  
Cell or Pager \_\_\_\_\_

2. \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_  
Cell or Pager \_\_\_\_\_

3. \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_  
Cell or Pager \_\_\_\_\_

**CURRENT MEDICATIONS TAKEN AND TIME OF DAY:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_

**\* If Giving Medication at Respite a Physicians Order will be required along with appropriate Packaging**

**Known Allergies** (Medication, Food, Animals, etc) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any additional information that can help us better serve the participant

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**Additional Respite Information:**

- a) Respite applications must be approved by Ms. Krystle Hurst at The Arc of the Ozarks (see address below). To check the status of respite applications, please contact Krystle at 417-874-1907. All applicants will be contacted by Feb. 21, 2012 with regard to respite approval.
- b) Those needing respite can be dropped off at The Arc of the Ozarks main office building beginning at 8:00 am. The address is:  
**The Arc of the Ozarks.  
1501 E. Pythian St.  
Springfield, Mo 65802**

**Staff contact phone number: Krystle Hurst 417-874-1907**

- c) Individuals in respite will be delivered to their families at The University Plaza Hotel and Convention Center at approximately 3:30 pm.
- d) All clothing, personal items and food must be labeled with Child's name.
- e) Parents will need to provide lunch/snacks or special diet items for child.
- f) Medications must be in proper container(s) and accompanied with current signed Physician orders.
- g) If a child under our care experiences a seizure, as per our policy, will call 911 if a seizure lasts 3 minutes or longer.