



ESNorCal Respite Program Services – 2021 Parents Night Out

Dear ESNorCal Parent/Caregiver,

Thank you for your interest in our Parents Night Out Program at Easterseals Northern California! We are excited that you and your family are considering utilizing our services.

In order to participate in a Parents Night Out event, we must have a registration form on file for each individual interested in attending – including typically developing siblings. Please be advised that it is for the safety of your loved one(s), the other individuals in the program, and our staff that the registration forms are thoroughly completed. Should we not receive all pertinent information, admissions into the program may be delayed.

Directions: Please email or drop off one Annual Family Registration Form (on reverse) for your family and one Participant Information Packet for each participant to:

Easterseals Northern California
Family Engagement and Support Programs: Parents Night Out
2730 Shadelands Drive
Walnut Creek, CA 94598
Email: programs@esnorcal.org

If you have any questions, please contact Kent Higa at (510) 910-3333.

Level of Supervision Needed

- Independent – participant can be left unattended, might occasionally show poor judgment but does not require constant supervision
- Large Group – participant stays engaged when supervised by an adult in a group of 5-7 participants
- Small Group – participant stays engaged when supervised by an adult in a group of 2-4 participants
- One-on-One – participant requires an adult by their side at all times in order to remain engaged

How does your child respond to new environments? _____

Nutrition/Feeding

The program will provide pizza, crackers, juice, and water. Please indicate the following:

- Participant is fully independent and can eat program-provided food.

If not, please check which of the following are applicable:

- Special preparation of food (i.e. pureed, soft, cut into small pieces, etc.)
- Diet restrictions/Food allergies
- Choking risk
- Bottle feeding
- Assistance with feeding/using utensils
- Assistance opening packages
- Diabetic
- Snack will be provided by parent/caregiver

Please describe: _____

Communication

- Participant can effectively communicate needs and/or if help is needed

If not, please check which of the following are applicable:

- Requests items by pointing
- PECS (picture exchange communication system)
- Sign/Gestures/ASL
- Writing/Visual schedules/Word cards
- Communication device
- One- or two-word phrases
- Vocalizations/sounds
- Unable to communicate needs

Please describe: _____

Sensory

Please indicate by checking which of the following may impact the participant’s behavior/participation:

- Bright lights/Sunlight
- Hot/Cold
- Touch
- Sounds/Loud noises

Other: _____

The participant enjoys the following sensory activities that parents will send to Parents Night Out:

- Ear protection
- Chewy toys
- Weighted blankets/vests
- Body brushing
- Fuzzy toys
- Other: _____

2021 ESNorCal Parents Night Out Family Registration Form

Parent/Guardian/Caregiver Information:

Name(s): _____ Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email address: _____

Other than those listed above, the following people are authorized to pick up/drop off the participant: (ID required)

Name: _____ Phone: _____ Name: _____ Phone: _____

Name: _____ Phone: _____ Name: _____ Phone: _____

Individuals Attending Respite Programs:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Emergency Contact Information

(other than parents/caregivers listed above)

Name: _____ Cell Phone Number: _____

Relation to participant: _____

Name: _____ Cell Phone Number: _____

Relation to participant: _____

Doctor: _____ Phone Number: _____

By signing below, I acknowledge the following: I have provided Easterseals Northern California (ESNorCal) with the most recent and up-to-date information including health, medical, and authorized pick up user information for the above listed participant(s). In addition, I have attached all of the required support plans in order to ensure participants have a safe and healthy experience while participating in the Respite events. I understand if the individual's behavior poses a threat to his or her safety, or the safety of others, the individual may need to be withdrawn from the program. In the event of an emergency, I give my permission for Easterseals Northern California to seek emergency medical care and treatment from the physician and/or hospital that I have identified above for the participant.

Parent/Guardian ("Guardian") and Individual understand that the activities (the "Activities") include physical play and activities that may be hazardous to the Individual or lead to accidents. Guardian, on their own behalf on and behalf of each Individual hereby expressly and specifically assume the risk of injury or harm in the Activities and hereby release and forever discharge and hold harmless ESNorCal and its successors and assign from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the event or any Activities.

Guardian understands that this release discharges ESNorCal from any liability or claim that any Guardian or Individual may have against ESNorCal with respect to any bodily injury, illness, death, or property damage that may result from activities with ESNorCal, whether caused by the negligence of ESNorCal or its directors, staff, agents or otherwise. Guardian and Individual also understand that ESNorCal does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Parent/Guardian Signature: _____ **Date:** _____



Parent or Legal Guardian Photo/Video/Social Media Release

Please Fill Out One Per Participant

2021 ESNorCal Parents Night Out Respite Program

Name: _____ Address: _____
Phone: _____

I am the parent or legal guardian of _____, a child under the age of 18 years old. Acting both for my child and for myself, I agree to the following:

I agree that Easterseals Northern California or its agents (“Easterseals”) may photograph and/or record or videotape me and/or my child and/or collect other information from me or my child or about me or my child (collectively, “Materials”) and that all rights in these Materials will forever be Easterseals’ sole and exclusive property. I agree that I will have no ownership rights or other rights in those Materials. I further understand that certain of these Materials may include my child’s protected health information as defined in the Health Insurance Portability and Accountability Act (“HIPAA”).

I understand and agree that Easterseals and its licensees will have the right to use the Materials (as a whole or in part) for any and all uses, in any or all media now known or later invented or discovered, including in connection with Easterseals and its licensees’ promotion and marketing activities. I understand that the materials may be used in Social Media (Facebook, Twitter), LinkedIn, and YouTube, External Press/Media, Posters/Publicity or advertising. I understand and agree that I am not entitled to any payment for any such uses and that I do not have any rights to approve any of those uses. Also, I understand that Easterseals may not actually use the Materials.

I waive forever any rights of any kind that I may have in the Materials. Without limiting the previous statement, I agree that I will not make any claim or action of any kind against Easterseals, whether on behalf of myself or my child, including but not limited to, a claim based upon invasion of privacy, rights of publicity or “moral rights.” I also understand that I will not be entitled to any injunctive relief. I release Easterseals from and against any and all claims, demands, causes of action(s), costs and expenses, of any kind, known or unknown, which I have or may have or which my child has or may have from any use of the Materials.

This consent is voluntary and Easterseals will not base or condition any treatment or funding to my child on my consent to this release. This is the entire agreement between me and Easterseals and I acknowledge that I am not relying on any promises or statements about how the Materials will be used. I am free to give the rights given in this agreement and certify that.

I AGREE:

Signature of Parent or Guardian

Date

Acknowledgment of Receipt – One Per Family
2021 Parent/Guardian and Participant Handbook
ESNorCal Respite Services – Parents Night Out

I, _____, the parent/guardian of _____
(Parent/Guardian name) (Participants' names)

Sign below acknowledging the receipt of the Parent/Guardian and Participant handbook and agree to comply with the policies and procedures set in place. I understand that it is my responsibility to read through and familiarize myself with the handbook and to ask questions about anything I do not understand.

Signature

Date

ESNorCal Respite Program Services

2021 Parent/Guardian & Participant Handbook

General Program Information

Easterseals Northern California Respite Program provides rest and relaxation for family members and primary caregivers of individuals with special needs or disabilities. Respite enhances personal and family health by providing necessary physical care and recreational activities while offering parents and caregivers a well-deserved break.

Our Respite Program provides:

- A nurturing environment for all children
- Gross motor activities and recreational experiences
- Care for siblings
- Themed activities & crafts
- Movie
- Snacks

Registration Forms

Current registration forms that are thoroughly completed are required for participants for all Respite events. In addition, we may require supplemental forms where deemed necessary. These include, but are not limited to, individualized education plans, behavior support plans, individualized treatment plans, seizure management plans, etc. Easterseals Northern California may also request from parents/caregivers a Release of Information to seek additional information from schoolteachers, therapists, etc.

Individuals participating in the Respite Program will be screened to determine the level of care required, and to assess how the staff can best meet the needs of the participant. The level of care assigned will be on a trial basis and is determined by Easterseals Northern California. Should the staff determine that the needs of the participant have changed, a new level of care will be assigned.

Once all of the necessary documentation has been secured and a level of care has been established, an Easterseals Northern California employee will contact you to provide the link for registration through Eventbrite.

Scheduling

Once you have completed the annual registration forms, you are eligible to register for Respite events. One month prior to each scheduled event, all registered families will be emailed a link to register for the upcoming Respite event. Registration will be on a first-come, first-served basis, with the exception of any families who were on a wait list from the previous event who will have the opportunity to register first.

Cancellation Policy

Families must notify ESNorCal by emailing programs@esnorcal.org or calling (510) 910-3333 at least 48 hours prior to the Respite event. This will give other families on the waiting list an opportunity to register and attend. If you must cancel less than 48 hours prior to the Respite event, please also call or email so waitlisted families can be offered the spot(s).

Please do not send a child who is sick to a Respite event. Participant should be free of any fever, vomiting, diarrhea, heavy or uncontrollable cough, or pain for at least 24 hours (without the use of fever-reducing medication) to participate in a Respite event.

Required Items to Bring

- Each family participating in a Respite event **MUST** bring a bag labeled with participants' name or names. Please include the following items:
- Extra set of clothes (include underwear, socks, shirt, and pants for each member participating in event)
- Diapers, wipes, pull-ups (if used)
- Anything needed to provide special dietary restrictions
- Sweatshirt/jacket (adjust with the seasons)
- Sensory items (if needed)

What Not to Bring

- Any electronics (i.e cell phone, iPod, camera, Nintendo DS, etc.)

Drop-off and Pick-up Policies and Procedures

Drop Off

- Drop off for Respite events starts at 5:00pm.
- You **MUST** have a completed, medication administration form turned in for medications. Please request the form to be emailed to you ahead of time from programs@esnorcal.org.

Pick Up

- **Late arrival** – Respite ends promptly at 8:00pm. Please be on time to pick up your child. The Respite Program policy states that a late arrival will result in a fee of \$10 for the first minute and \$1 for every minute thereafter. The fee must be paid in full to ESNorCal before the participant can attend another Respite event.
- **Intoxicated or impaired parent/caregiver** – it is policy at Easterseals Northern California that no consumer will be allowed to leave an ESNorCal facility program or sponsored activity with a parent, guardian, or caregiver who presents in a condition which may prevent them from assuring the consumer's welfare.
 - ESNorCal staff will use their best judgement in determining if a parent, guardian, or caregiver presents in a condition which may prevent them from assuring the consumers' welfare.
 - If deemed necessary, staff will contact another authorized user or emergency contact on the registration form. If they are not available, alternate transportation will be arranged to ensure families' safety.

Behavior Policy and Consultation

In the event that a participant is posing a threat to his or her own safety or to the safety of others while at an event, the Respite staff will request a behavioral consultation from behavior support staff at ESNorCal. Behavior support staff will work with Respite staff to provide behavior recommendations to aid in reducing the target behavior(s). If the participant's behavior does not improve with the assistance of behavioral support, the participant may need to be withdrawn from the Respite program.

Medication Administration

The process for handling and administering medications must be well-structured and carefully followed in order to ensure that the interests of the children and the providers are best served. When possible, a child's parents and physician should try to minimize the need for medication while participating in ESNorCal Respite events. Medicines ordered should normally be given before or after, rather than during, childcare hours. In some cases, however, administration of medications during program hours is unavoidable.

Medical Consent

ESNorCal Respite staff will administer medication only if the parent or legal guardian has provided written consent on the Medication Consent and Log; the medication is available in an original labeled prescription or manufacturer's container that meets the safety check requirements.

1. Prescription Medication

- Parents of legal guardians will provide the medication in the original, child-resistant container that is labeled by a pharmacist with the child's name, the name and strength of the medication;
- The date the prescription was filled
- The name of the healthcare provider who wrote the prescription
- The medication's expiration date
- And administration, storage, and disposal instructions

2. Nonprescription Medication

- Parents or legal guardians will provide the medication in the original container
- The medication will be labeled with the child's first and last names'
- Specific, legible instructions for administration and storage supplied by the manufacturer
- The name of the healthcare provider who recommended the medication for the child

Emergency or Crisis Situations

Parents and caregivers are expected to always be available via cell phone while their loved one is with us at a Respite event. If the primary parent or caregiver is not able to be reached, staff will contact the emergency contacts listed on the registration form. If emergency contacts cannot be reached, Easterseals Northern California reserves the right to contact emergency medical help (911) for assistance.

- Crisis or emergencies could include situations such as (but not limited to): fire, late pick up from Respite event, medical concerns, or behavioral concerns.

Compliments/Concerns/Questions?

Please direct all compliments/concerns/questions to Kent Higa, Program Manager, Family Engagement and Support Services at ESNorCal. Kent can be reached at (510) 910-3333 or kent.higa@esnorcal.org.