



ESBA Respite Program Services Parents Night Out

Dear ESBA Parent/Caregiver,

Thank you for your interest in our Parents Night Out Program at Easterseals Bay Area! 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 and support plans are attached. 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 Bay Area
Family Engagement and Support Programs: Parents Night Out
2820 Shadelands Drive, Bld. 5, Suite 200
Walnut Creek, CA 94598
Email: programs@esba.org

If you have any questions regarding these 14 pages, please contact Stacey Murphy at (925) 448-4952.

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Bld. 5, Suite 200
Walnut Creek, CA 94598
programs@esba.org

2018 ESBA Parents Night Out

Program Participant Information

Please fill out a separate packet for each participant.



Name: _____ Date of Birth: _____ Male Female

Primary Disability: _____ Secondary Disability: _____

Allergies (meds/food): _____

School Classroom Setting (i.e. general education, special education, ABAcenter etc.): _____

Individual requires one-on-one care or supervision (aide at school, CNA/RN care at home, etc.) yes no

If yes, please explain _____

Name and Location of ABA Provider: _____

Who is your child's Clinical Manger: _____ Program Supervisor: _____

Ethnicity

- African American Native American Asian American Caucasian
 Hispanic Multiple Ethnicities Other: _____

Support plans:

My child has the following support plans in place and I have attached them to this registration form. I understand that these plans are required for participation in the Respite events at Easterseals Bay Area.

- Behavior Support Plan Individual Support Plan Seizure Management Plan Other: _____

Levels of Care:

Individuals interested in 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. Should the staff determine the needs of the participant have changed; a new level of care will be assigned.

Toileting

- Participant is fully independent

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

- Reminders Diapers
 Assistance with clothing Assistance with washing hands
 Assistance after a bowel movement Assistance transferring on/off toilet

Please describe: _____

Ambulation/Risk of Falling (Seizures)

- Participant is fully independent/ambulatory and has no serious risk of falling

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

- Use of wheelchair Risk of falling due to instability
 Use of prosthetics/orthotics Risk of falling due to seizures
 Requires assistance ambulating/transferring Other: _____

Please describe: _____

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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?: _____

Leisure Activities

Please check activities that your child enjoys participating in:

- | | | |
|---|--|--|
| <input type="checkbox"/> Outside/Playground | <input type="checkbox"/> Video games/electronics | <input type="checkbox"/> Gym |
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Movies | <input type="checkbox"/> Painting/Coloring |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Pretend Play | <input type="checkbox"/> Board Games |
| <input type="checkbox"/> Reading Books | <input type="checkbox"/> Music/Dancing | <input type="checkbox"/> Other: _____ |

Please describe: _____

Nutrition/Feeding

- Participant is fully independent

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

- | | |
|--|---|
| <input type="checkbox"/> Special preparation of food (i.e. pureed, soft, cut into small pieces, etc) | |
| <input type="checkbox"/> Diet restrictions/ Food allergies | <input type="checkbox"/> Choking risk |
| <input type="checkbox"/> Bottle feeding | <input type="checkbox"/> Assistance with feeding/using utensils |
| <input type="checkbox"/> Assistance opening packages | <input type="checkbox"/> Diabetic |
| <input type="checkbox"/> Picky eater (please list preferred foods below) | <input type="checkbox"/> 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:

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

Please describe: _____

Sensory

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

- | | | | |
|---|-----------------------------------|--------------------------------|---|
| <input type="checkbox"/> Bright lights/Sunlight | <input type="checkbox"/> Hot/Cold | <input type="checkbox"/> Touch | <input type="checkbox"/> Sounds/Loud noises |
|---|-----------------------------------|--------------------------------|---|

Other: _____

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

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

Behaviors

Directions: Please indicate the approximate frequency (if at all) of the following behaviors.

| BEHAVIOR | COUNT | | TIME | DIRECTION GIVEN |
|---|----------------|------------|-------------|------------------------|
| <i>Example: Does not comply with requests</i> | <i>3 times</i> | <i>per</i> | hour | |
| Scratches, pinches, bites, or hits self | | <i>per</i> | | |
| Scratches, pinches, bites, or spits on others | | <i>Per</i> | | |
| Bangs head | | <i>Per</i> | | |
| Grabs others | | <i>Per</i> | | |
| Pulls Hair | | <i>Per</i> | | |
| Runs away/risk of elopement | | <i>Per</i> | | |
| Gets into/takes others personal belongings | | <i>Per</i> | | |
| Removes clothing/exposes self in public | | <i>Per</i> | | |
| Other | | <i>Per</i> | | |

Is there anything else you would like the childcare staff to know to make your child's experience at Parents Night Out positive and successful?

2018 ESBA Annual 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 Easter Seals Bay Area 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 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 Easter Seals Bay Area to seek emergency medical care and treatment from the physician and/or hospital that I have identified above for the participant.

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



PHOTO/VIDEO/AUDIO/TESTIMONIAL RELEASE FORM:

I attest that I am the parent or legal guardian of the undersigned minor child/children listed below, or a representative for an individual who is an adult but lacks capacity to consent, and that I have the authority to authorize Easterseals Bay Area, its affiliates, subsidiaries and partners ("ESBA") to take photographs, video tape and audio record them while we are attending _____ ESBA event on _____.

On behalf of myself and my child/children, I hereby grant to ESBA and its successors, assignees, and licensees a non-exclusive, irrevocable, royalty-free license to incorporate, use (including in major media campaigns), and reproduce the likeness, image, first name, voice, narratives, creative renderings, depictions, pictures, film, photographs, audio-visual recordings, sound recordings or testimonials of me and my child made by ESBA or its respective employees and agents, including any biographical information that appears in the Material (collectively the "Material") in connection with communications, marketing and fundraising activity of ESBA or other Easterseals organizations, in any manner and in all media, including electronic media, whether now known or hereinafter devised, in all territories throughout the world, in perpetuity.

I understand that the Materials may be broadcast or published. Any disclosure of my child's name will be limited to my child's first name. I agree that ESBA shall be entitled to edit, cut, alter, modify, rearrange, add material to, remove material from, or make such other changes to the Material as deemed appropriate, in its sole discretion. I hereby waive in favor of ESBA and its successors, assignees, and licensees all moral rights of whatsoever nature in and to the Material.

I acknowledge that the rights described above are granted to ESBA on an unlimited, perpetual, basis without any compensation or payment being made for any current or future use. I understand that this authorization is voluntary and that if my child is a client of ESBA, ESBA will not condition any treatment or funding to my child on the completion of this authorization. I hereby release ESBA and its successors, assignees, and licensees from any and all claims and demands arising out of or in connection with use of the Materials including, without limitation, any and all claims for invasion of privacy, infringement of my right of publicity, defamation, misappropriation, false light, and any

other personal and/or property right(s). I understand that ESBA is proceeding in reliance upon this permission.

I have read this release and authorization before signing below, and I fully understand its contents.

PLEASE LIST FULL NAMES OF ALL CHILDREN BELOW:

| Name | Year of Birth |
|-------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

- I also attest that you may use, and reproduce the likeness, image, first name, voice, narratives, creative renderings, depictions, pictures, film, photographs, audio-visual recordings, sound recordings or testimonials of me.

Printed Name of parent/guardian: _____

Date: _____

Signature of parent/guardian: _____

Phone: _____

Email (optional): _____

Acknowledgement of Receipt – One Per Family
2018 Parent/Guardian and Participant Handbook
ESBA 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

ESBA Respite Program Services

2018 Parent/Guardian & Participant Handbook

General Program Information

Easter Seals Bay Area 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 safe, nurturing environment for all children
- Gross motor activities and recreational experiences
- Care for siblings
- A staff/adult to child ratio of no more than 1:3
- Well qualified and experienced staff
- 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. Easter Seals Bay Area may also request from parents/caregivers a Release of Information to seek additional information from school teachers, 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 Easter Seals Bay Area. 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 Easter Seals Bay Area 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 ESBA by emailing programs@esba.org or calling (925) 448-4952 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 Respite events is 5:30pm – 6:00pm. Participants must arrive no later than 30 minutes after the event starts or else the family will risk being turned away from the program for the evening. If you know you will be running more than 15 minutes late to the program, please notify us immediately so that we can ensure proper staffing at the time of your arrival.
- 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@esba.org.

Pick-up

- **Late arrival** –Respite ends promptly at 8:30pm. 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 ESBA before the participant can attend another Respite event.
- **Intoxicated or impaired parent/caregiver** – it is policy at Easter Seals Bay Area that no consumer will be allowed to leave an ESBA 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.
 - ESBA 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 ESBA. 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 ESBA 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

ESBA 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;
- And 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, Easter Seals Bay Area 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 Stacey Murphy, Associate Director, Family Engagement and Support Services at ESBA. Stacey can be reached at (925) 448-4952 or Stacey.murphy@esba.org.



Parental/Guardian Media Consent Form

I (we) hereby grant the Peter Pan Foundation (PPF) the irrevocable right and permission to reproduce my child's name, likeness, identity, voice, photographic image, videographic image and oral or recorded statements in any publication of the PPF intended for promotional, educational, fund-raising or other related use, including but not limited to, film broadcast, printed publications, webpages, social media postings, and web-based publications, associated with the PPF.

By signing this form, I waive PPF and its officers, agents and employees, from any claim or liability relating to the use of my child's name, likeness, identity, voice, photographic image, videographic image and oral or recorded statements.

I acknowledge that PPF will rely on this permission and release in producing, broadcasting, and distributing materials containing my child's name, likeness, identity, voice, photographic image, videographic image or oral or recorded statements, and that I and my child will receive no money or remuneration of any kind from PPF related to this permission and release or the materials covered by this permission and release. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of the PPF.

Acknowledgment of Understanding: I have read and understand that I hereby grant to PPF the absolute and irrevocable right and permission to use this media for use in the manner described in this form. By signing below, I hereby defend, indemnify, and agree to hold harmless the PPF and their current and former directors, officers, employees, and customers from any and all claims, demands, causes of action or liability relating to the publication of any photos/images and/or personal identifiers for which I have granted use, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. This release is binding on me, my child (named below), and our heirs, assigns and personal representatives.

Participant's Name: (please print) _____

Name of Parent/Guardian: (please print) _____

Signature of Parent/Guardian: _____

Relation to Participant: _____ Date: _____

The Peter Pan Foundation • P.O. Box 595 • Lafayette, CA 94549