

United Cerebral Palsy of Greater Sacramento

Family Respite Services

191 Lathrop Way, Suite N

Sacramento, CA 95815

Phone (916) 779-6270 ~ Respite Request Line (916) 565-7772

Client Name: \_\_\_\_\_

Respite Worker: \_\_\_\_\_

Employee #: \_\_\_\_\_

Family Respite Services require the parent(s) to pre-measure all medications that will be given to the client during an assigned respite. Parents must also complete the following information prior to the respite worker administering any medications

Date	Medications Given	Dose	Method of Administration	Frequency	Time(s) Given / Respite Worker Initial
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Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

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