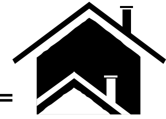
Respite, Inc.



serving TCRC families in San Luis Obispo County

Emergency Contact Information
Treatment Waiver

consumer's name		date of birth
address	city	zip code
parent/guardian	contact number	
parent/guardian	contact number	
primary physician	contact number	
emergency contact person	contact number	relationship
emergency contact person	contact number	relationship
medication	dosage	schedule
medication	dosage	schedule
allergies	effect	
allergies	effect	

If I can not be reached in the event of a medical or dental emergency I give my permission for the above named consumer to receive all appropriate/indicated treatment, including transportation to a local medical facility. I also give my permission for the administration of scheduled oral medication during my absence. Should the above information change, I will complete a new form. This and subsequent authorizations shall remain in effect for one year, beginning October 1 and ending September 30. A copy will be retained at the consumer's location and be readily available for respite workers.

parent/guardian signature	dated

- COMPLETE, SIGN AND RETAIN -

Respite, Inc. • P. O. Box 3254 • Paso Robles, CA • 93447-3254
Toll-Free: 1-888-4-RESPITE (1-888-473-7748) • North County: 805-227-4147
Fax: 805-435-1534 • www.respite-inc.com • info@respite-inc.com