

Respite Care Checklist

Emergency contact information:

Emergency after hours number: Boulder County Sheriff's Department and ask for the on call worker for Social Services **303-441-4444**

Foster Parents names: _____

Cell phone and/or landline numbers where you will be: _____

Caseworkers:

OnGoing: _____ Resource Worker: _____

Phone number: _____ Phone number: _____

Guardian ad Litem:

Name: _____ Phone number: _____

Visitation Schedules: _____

Case Aide: _____ Phone number: _____

Medical:

Child's doctor: _____

Phone number: _____

- Medications in original container with instructions:
- Medical Passport
- Any medical conditions and allergies clearly noted in medical passport
- Any specialized diet requirements _____
- Medicaid Card

Items that the child uses for comfort (a special blanket, stuffed animal, pacifier etc.)
