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.)

_________________________________________________________