

United Cerebral Palsy of the Inland Empire

Family Respite Services

35325 Date Palm Dr. #139

Cathedral City, CA 92234

Phone (877) 512-2224 ~ Respite Request Line (760) 321-8184 ext. 106

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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