

**Next Step Ministries – Camp/Saturday Respite**

**Participant Information Form**

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

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Home \_\_\_\_\_ Cell: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis(es): \_\_\_\_\_

\_\_\_\_\_

Current medications: \_\_\_\_\_

\_\_\_\_\_

Food or other allergies (will be serving pizza and sodas): \_\_\_\_\_

\_\_\_\_\_

Mobility skills: \_\_\_\_\_

Feeding skills: \_\_\_\_\_

Likes/dislikes: \_\_\_\_\_

Precautions: \_\_\_\_\_

Toileting skills: \_\_\_\_\_

Behaviors: \_\_\_\_\_

Please complete this form for the Respite Program and return it prior to your child's first visit. This will only need to be done once, however, if the information changes, please let us know. Add any additional information you feel is important on the back. Thank You!

7709 Turner Rd., Woodstock, GA 30188 770.592.1227 nsm@nextstepministries.net

## Medical Consent Form

In case of emergency, Next Step Ministries, Inc. has my consent to authorize medical care for my child/charge listed below:

Client's name: \_\_\_\_\_

Client's primary physician: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Physician's phone number: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Current medications: \_\_\_\_\_

Contact me immediately at: \_\_\_\_\_

If unable to contact me, please call:

\_\_\_\_\_ @ \_\_\_\_\_  
Name Telephone

\_\_\_\_\_ @ \_\_\_\_\_  
Name Telephone

I give Next Step Ministries permission to administer any necessary minor first aid which may include ice, bandage, or over-the-counter medication as indicated:

- \_\_\_\_\_ Call before any first aid is given
- \_\_\_\_\_ Administer first aid and then call
- \_\_\_\_\_ Administer first aid and notify me at pick-up
- \_\_\_\_\_ Do not administer first aid

I grant permission to give the following over-the-counter medications according to my chosen guidelines above:

- \_\_\_\_\_ Tylenol                      \_\_\_\_\_ Triple antibiotic ointment
- \_\_\_\_\_ Other                        \_\_\_\_\_ Ibuprofen
- \_\_\_\_\_ Topical cortisone

Signed by: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

**Program Participation Agreement for**  
**Next Step Ministries, Inc.**

Name (print): \_\_\_\_\_  
Phone: \_\_\_\_\_

In consideration for being allowed by Next Step Ministries, Inc. to participate and/or attend any program, event, class, or activity including but not limited to: classes, the respite care program, special events, field trips, exercise programs (including sports games), any other games, and any other function held by Next Step Ministries, Inc.; I agree to release, discharge and hold harmless Next Step Ministries, Inc., its employees, agents, volunteers, and members from any and all claims or demands due to personal injury, illness or death, as well as, any and all property damages sustained of any nature which might be incurred by me while participating in any Next Step Ministries, Inc. function.

By signing below, the participant (or legal guardian) or volunteer (or parent/guardian if participant or volunteer is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activities described above. Except for gross negligence on the part of the Next Step Ministries, Inc, the participant (or legal guardian) or volunteer (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or legal guardian) or volunteer (or parent/guardian) promises to hold harmless Next Step Ministries, Inc. and its representatives for any injury related to the activities.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Name if not participant (print): \_\_\_\_\_  
Relationship: \_\_\_\_\_

(IF YOUNGER THAN 18 YEARS OLD, PARENT OR GUARDIAN MUST SIGN.)  
(IF PARTICIPANT IS 18 OR OLDER AND HAS A LEGAL GUARDIAN, THE LEGAL GUARDIAN MUST SIGN.)

**Field Trip Release Form for**  
**Next Step Ministries, Inc.**

Name (print): \_\_\_\_\_

Phone#: \_\_\_\_\_

In consideration for being allowed by Next Step Ministries, Inc. to participate in community based field trips, including transportation via a Next Step Ministries or CATS (Cherokee Area Transportation Services) vehicle to and from the field trip destination, I agree to release, discharge and hold harmless Next Step Ministries, Inc. it's employees, agents, volunteers, and members from any and all claims or demands due to personal injury, illness or death, as well as, any and all property damages sustained of any nature which might be incurred by me while participating in any Next Step Ministries, Inc. field trip.

Field trips are generally planned in advance with family/caregiver notification sent home, however some may be of a "spur-of-the-moment" nature, such as but not limited to a shopping trip for needed supplies, or a trip to the park on a nice day.

By signing below, the participant (or legal guardian) or volunteer (or parent/guardian if participant or volunteer is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activities described above. Except for gross negligence on the part of the Next Step Ministries, Inc, the participant (or legal guardian) or volunteer (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or legal guardian) or volunteer (or parent/guardian) promises to hold harmless Next Step Ministries, Inc. and its representatives for any injury related to the activities.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (print) if not participant: \_\_\_\_\_

Relationship: \_\_\_\_\_

(IF YOUNGER THAN 18 YEARS OLD, PARENT OR GUARDIAN MUST SIGN)

(IF PARTICIPANT IS 18 OR OLDER AND HAS A LEGAL GUARDIAN, THE LEGAL GUARDIAN MUST SIGN)

## **Release Form for Media Recording**

I, the undersigned, do hereby consent and agree that Next Step Ministries, its employees, or agents have the right to take photographs, videotape, or digital recordings of me beginning on \_\_\_\_\_ (date) and ending by written notice, and to use these in any and all media, now or hereafter known, and exclusively for the purpose of publicity, marketing, informational media, and security. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Next Step Ministries, its employees, and its agents all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Next Step Ministries is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

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

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## **Respite Policies Effective March 1, 2013**

It is a goal of Next Step ministries to support the families that we serve by providing Respite Care. Respite Care provides a critically needed break for those who provide constant care to family members with special needs by allowing an opportunity to rest and recharge or to spend uninterrupted time with other family members.

In order to meet this goal it is important that we provide this care in an environment that is safe for clients, volunteers and staff. We also need to do this in a cost-effective manner. To continue to meet this need in the face of recent growth, we will be implementing the following policies which will take effect beginning March 1, 2013.

1. The fee for Saturday Respite will increase to \$35 per day. This charge includes care from 10:00am-3:00pm, pizza and soda for lunch, and any activities throughout the day. This is a flat fee and will not be prorated due to late arrivals/early pick-ups.
2. Reservations and cancellations (for reasons other than illness) must be made no later than Thursday of the week you wish to attend. This will allow us to ensure we have enough staff to cover the registered participants. Cancellations made after this time (except for illness/emergency) will be considered “no-shows” and will incur a fee.
3. If your family member is ill, we do understand and ask that you keep him/her home. (A family member who chooses to sleep in on Saturday will NOT be considered ill and will incur a charge.) In the event of illness, you MUST CANCEL your reservation PRIOR TO 10 AM ON SATURDAY or your account will be charged the full cost (\$35) of the respite. We must pay our staff based on the number of participants who register regardless of whether they attend. It is also unfair to other families if they are turned away because you had a reservation you did not use.
4. If you are currently attending on our Respite Scholarship program, the scholarship will continue to cover the entire cost of respite. HOWEVER: you MUST CANCEL your reservation according to the above policies or your account will be charged a \$5 fee. Again, we must pay our staff based on the number of participants registered and we want to be fair to others who want to use the program.
5. We do maintain a “standing reservations” list for those who attend regularly. These clients are always on the reservation list unless they cancel. If you would like to remain on this list or be added to it, please confirm with Jennifer. Members of this list MUST CANCEL unneeded reservations NO LATER THAN

THURSDAY ( 10 AM SATURDAY FOR ILLNESS) prior to the Saturday not being used. Otherwise the client is expected and payment is expected.

6. Anyone having 3 “no-shows” (reserving space but failing to attend or cancel), or an outstanding Respite Account balance, cannot be placed on the reservations list without pre-payment.
7. If you would like to attend and do not have a prior reservation, you are welcome to call Saturday morning to fill any last-minute vacancies.

Please Print Name: \_\_\_\_\_

Sign & Date: \_\_\_\_\_

## **Late Client Pickup Policy**

Policy: When clients are picked up late, Next Step incurs additional expenses, staff personal time is disrupted, and it makes a long day for everyone. To be respectful to our staff and to be financially responsible with our limited funds, all clients are expected to adhere to this policy, effective immediately.

### Procedure:

1. If a late pick-up becomes unavoidable, please notify Next Step as soon as possible about the delay with your estimated time of arrival.
2. A late fee of \$1/minute will be charged, beginning at 6:00 pm Monday – Friday, and at 3:00 pm on Saturday. All times will be per the NSM lobby clock. This applies to all clients.
3. Payment is expected at time of pickup in the form of cash or check.
4. If payment is not collected at pick up, an additional \$10 fee will be added for invoicing expenses.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_