

RESPITE CARE AGREEMENT

I, \_\_\_\_\_, provide therapeutic respite services for children with Reactive Attachment Disorder (RAD). I provide temporary care for children in my home. I am trained to handle the behaviours associated with RAD and provide 24-hour crisis intervention.

I have trained with \_\_\_\_\_, and use therapeutic, healing techniques in working with children.

I/We, the parent(s) of \_\_\_\_\_, believing that the best interests of my/our child will be served, enter into this agreement with the above respite provider.

I/We agree that our part in this program is as follows:

1. I/We agree to pay the respite provider a daily rate of \_\_\_\_\_, and/or an hourly rate of \_\_\_\_\_. Payment is due: \_\_\_\_\_.
2. I/We will continue to assume legal and financial responsibility for my/our child, including the cost of clothing, education, and medical expenditures.
3. I/We authorize the respite provider to act on our behalf in arranging medical care, if necessary, by licensed health care professionals, and that I/we continue to be financially responsible for such care.
4. I/We agree that information concerning me/us and my/our child may be disclosed to our attachment therapist, \_\_\_\_\_.
5. I/We release the respite provider from any liability for injuries to my/our child sustained while in respite care, so long as the respite provider has acted in good faith.

Both parties agree that:

1. The parent(s) or guardian(s) may terminate this agreement at any time by giving appropriate notice to the respite provider.
2. The respite provider may terminate this agreement at any time by giving appropriate notice to the parent(s) or guardian(s). In this case, the respite provider must give a valid reason, along with the support of an attachment therapist.

Signatures

Parent(s) or Legal Guardian(s):

\_\_\_\_\_  
\_\_\_\_\_

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

Respite Provider: \_\_\_\_\_

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

Respite Provider      Address: \_\_\_\_\_  
   Email: \_\_\_\_\_  
   Phone #: \_\_\_\_\_