RESPITE CAREGIVER HANDOFF SHEET

Child's name: _____ **Date:** _____

Respite caregiver: _____ **Start / return:** _____

Parent / phone: _____

Backup contact / phone: _____

TODAY: WHAT TO EXPECT

Recent changes, last meal / rest, communication and comfort cues.

EQUIPMENT + SUPPLIES

Where supplies and instructions are kept; equipment help contact.

CARE DURING THIS VISIT

Feeding, toileting, transfers, rest; tasks the caregiver is trained to do.

WHEN TO CALL / EMERGENCY PLAN

Warning signs, who to call, and where the child's emergency plan is kept.

MEDICATIONS DUE

Name, prescribed dose / route / time; last dose. Refer to the current list.

HOME ADDRESS

Address and entry details for emergency responders.

WHEN THE FAMILY RETURNS

Care / medications given and times, meals, rest, changes, or questions to share.

BEFORE THE PARENT LEAVES

- ☐ Care plan + medications reviewed
- ☐ Care tasks + equipment reviewed
- ☐ Contacts + emergency plan reviewed
- ☐ Questions answered before handoff

For a medical emergency, call 911 and follow the child's emergency plan.

MASON'S MISSION
FROM TRAUMA TO TRIUMPH