



**REGISTRATION FOR ONE DAY RESPITE CARE**  
**SATURDAY APRIL 21, 2012**  
**7:30 AM – 3:30 PM**

**PARTICIPANT'S NAME..... DOB: .....**

**ADDRESS.....**

**EMERGENCY CONTACT INFORMATION: (PLEASE PROVIDE TWO CONTACTS)**

**NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_**

**EMERGENCY CONTACT NUMBER .....**

**NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_**

**EMERGENCY CONTACT NUMBER .....**

**MEDICAL DIAGNOSIS:**

**CURRENT MEDICATIONS:**

**DIETARY RESTRICTIONS:**

**MOBILITY PROBLEMS:**

**ALLERGIES:**

**DOES THE PARTICIPANT NEED ASSISTANCE IN THE BATHROOM?**

**DOES THE PARTICIPANT NEED ASSISTANCE WHILE EATING?**

**BEHAVIORS WE SHOULD BE AWARE OF:**

**OTHER IMPORTANT INFORMATION:**

In any medical emergency, 911 and the emergency contacts above will be called. The Center cannot be responsible for lost or misplaced items. Please do not bring purses, wallets or valuables. While a Registered Nurse will be present, we cannot dispense medication or provide medical treatment (unless in the case of an emergency) during this respite visit. If incontinence products are needed, please provide enough for the respite visit.

Caregiver's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN ALL COMPLETED FORMS NO LATER THAN MONDAY, APRIL  
16, 2012.**

**Contact Information for the Center:**

**HARFORD COUNTY MEDICAL ADULT DAYCARE  
309 THOMAS RUN ROAD  
BEL AIR, MD 21015**

**(Located on the campus of Harford Community College, Entrance 4, first building on the right).**

**MANAGER: Tammy Whiteford, RN**

**PHONE NUMBERS: 410-838-3222 OR 410-989-0256**

**FAX NUMBER: 410-879-5565**

**EMAIL: [twhiteford@fcsmd.org](mailto:twhiteford@fcsmd.org)**