**Consent Form for children (under 14)**

**To stay at Wellness Respite with their parent/legal guardian**

A guest eligible to use Wellness Respite who has primary responsibility for the care of a child under the age of 14 is welcome to bring their child to stay with them at Wellness Respite with the following conditions of stay:

1. You, as principal caregiver, are responsible for ensuring your child’s safety and welfare at all times.
2. You are responsible for being able to closely monitor/see your child at all times except for point 6.
3. You will provide health information relevant to any emergency situation including any medication that has been bought to Wellness Respite for the child to use.
4. You must understand and agree that Stepping Stone Trust is unable to ensure that all other tangata/people using the respite service at the same time are appropriate to be in the presence of a child.
5. Staff will support monitoring the child only when you are completing personal hygiene needs in a bathroom. You are to negotiate this with the staff on duty.
6. You are required to name an appropriate adult who can come at short notice to care for your child in an emergency as part of the agreement the child can come.
7. In discussion and agreement with staff the named adult may be invited to the house to support monitoring the child during any essential activities / appointments you need to attend. Please note that meals will not be provided to this person.
8. You are required to provide all necessitates of life for the child during their stay with you at Respite, e.g. nappies, milk formula, special dietary requirements. The child can join the parent for the provided nutritious home styled meals. If the child has particular dietary requirements you are welcome to bring their specialty foods with you.

Please sign the following and return to Wellness Respite at the time your stay dates are confirmed:

**Guest Name** in full: **Date:**

**Child name** in full: **D.O.B.**

By writing your name above, you understand and agree to the conditions stated

|  |  |
| --- | --- |
| ***Additionally:*** | ***If yes – Initial below:*** |
| 1. I have supplied the requested information about my child in points 3 and 6, (above)
 |  |
| 1. I agree that I am fully responsible for the safety of my child while at Wellness Respite by close monitoring and being able to see my child at all times.
 |  |

The following adult is appropriate and able to come at short notice, in an emergency, to care for my child.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone

Address ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has the following health conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

My child takes medicine regularly that I bought to Wellness Respite - Yes No

A list of the medicine my child will use while at Wellness Respite has been supplied - YES