

6/20/08

***marcfirst* RESPITE LOG**  
**(Please use one log, per person, per day, and / or overnight)**

NAME OF PERSON (one log per person): \_\_\_\_\_

EATING PATTERNS: \_\_\_\_\_  
\_\_\_\_\_

SLEEPING PATTERNS: \_\_\_\_\_  
\_\_\_\_\_

BEHAVIORS (IF ANY): \_\_\_\_\_  
\_\_\_\_\_

LIST ALL MEDICATIONS GIVEN AND WHEN: (USE THE MED SHEET PROVIDED BY THE FAMILY FOR INSTRUCTIONS)

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

LIST ACTIVITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF PERSON WHO REPLACED THE RESPITE STAFF:

\_\_\_\_\_

DATE (one log per date / overnight): \_\_\_\_\_

Time In: \_\_\_\_AM \_\_\_\_PM

Time Out: \_\_\_\_AM \_\_\_\_PM

\_\_\_\_\_  
SIGNATURE OF STAFF

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPLACEMENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RESPITE COORDINATOR SIGNATURE

\_\_\_\_\_  
DATE QUALITY COMPLETED

\_\_\_\_\_  
BILLING SPECIALIST SIGNATURE

\_\_\_\_\_  
DATE BILLING COMPLETED

\_\_\_\_\_  
Payroll Hours/Initials

\_\_\_\_\_  
Number of overnights