

**Central Region MC3P
Family Rights and Responsibilities**

I, the undersigned, hereby acknowledge that I will be responsible for selecting a provider, from an agency or a family member/friend, to provide respite services for my child. By using a family member or friend I acknowledge that this individual will **not** go through a criminal records background check. I also affirm that I have been **strongly encouraged** to have the family member/friend to be trained in CPR and first aid.

In addition, I acknowledge that I am solely responsible for arranging and approving the services and who provides them. I also acknowledge that I am responsible for proper and safe use of any equipment or training provided through the Family Support funds. I agree to provide the individual provider or agency with all necessary information to assist with the provision of services to my child in the safest and most competent manner possible.

Having read and understood the above, I expressly and voluntarily consent to take full responsibility for the individual or agency and for the services provided through the respite program. I further release the Department of Public Health, the Medically Complex Care Consultation Program and Criterion Child Enrichment, Inc. from any liability associated with the respite services provided and agree to indemnify the Department of Public Health, the Medically Complex Care Consultation Program and the Criterion Child Enrichment, Inc. against any action arising out of the respite services provided.

Parent/Guardian Signature: _____

Today's Date: _____

Relationship to Child: _____

Child's Name: _____

Child's DOB: _____