

Breathe Respite Buddy Form
Holy Angels Church
18205 Chillicothe Road
Chagrin Falls, OH 44023
440-708-0000

This form will be shared with our Breathe volunteers to help them enjoy a fun and safe night with your child. **Please return all completed forms to Holy Angels at least one week prior to the event for planning purposes.**

Child Name: _____

Child's age: _____

Parent's name: _____

Parent's contact phone number for the evening: _____

In order to help our volunteers get to know your child, please tell us about your child's likes/dislikes:

During the Breathe event, we will have the following activities available, please check any areas that you feel your child would enjoy or note any areas of dislike:

crafts	swing
games and puzzles	bouncy house
yoga	quiet story area
music room	entertainment
gross motor area	

Does your child have any food allergies or special diet that we need to be aware of? If so, please explain. (Please note: Breathe is a peanut-free event).

We will have pizza, pretzels, fruit, water, juice, and a "sweet treat" available during Breathe. Please choose one:

It is fine for my child to be offered food during the Breathe event.

I will be providing my child with food and/or drinks from home and prefer for them to only eat what I provide.

Does your child need any assistance with eating or are there any eating concerns we should be aware of? (i.e. cutting food into small pieces, can they self feed, do they need a quiet environment to eat in, do they choke easily? etc.).

We realize that sometimes children can become over stimulated or require redirection. What is your best tip in this situation, how do you handle this at home/school?

Are there any behaviors/symptoms your child's buddy should be aware of? (i.e. aggressive tendencies, child may seem distant before seizures, etc.) Does your child have a behavior plan that we should be aware of?

Does your child require assistance with the bathroom? If so, please let us know how we can help. (i.e. diapering, frequent reminders, help with clothes, etc.) Toileting needs will be assisted by our medical team.

Is your child verbal? If not, do you have any suggestions for us on how we can best communicate with your child?

If your child has troubling separating from you, do you have any suggestions that would help ease this time?

Please include any additional information to help your child have a wonderful experience.