**Voluntary Respite/Placement Agreement**

I/We understand that this respite agreement shall be for a short period of time. I also understand that this agreement can be terminated at any time by the parent who signed the consent, group home, county personnel, or by the child’s consent to the agreement is required, and that withdrawal of consent needs to be submitted in writing to Positive Alternatives within twenty-four hours prior to the child’s return or discharge.

I/We agree to keep Positive Alternatives informed of any changes to the child’s circumstances (address, employment and earnings, marital status, health and plans relative to the child(ren).

I/We agree that visitation with the child is to be regulated by Positive Alternatives. If I am dissatisfied with the care given to the child(ren), it is understood that I shall bring forth my complaints to the home rather than to the foster parents.

I/We agree to arrange and transport my child(ren) to routine medical and dental appointments. I agree to allow the house to make these arrangements if I am unable to. I give permission for the necessary inoculations, immunizations, or treatment that maybe prescribed. I agree that the agency consent to the hospitalization or surgery for the child(ren) in the event of serious illness if I cannot be located to give consent.

I/We shall cooperate with Positive Alternatives by submitting all information needed for the purpose to support to the child(ren) from the beginning of respite through the duration of stay at Positive Alternatives.

Signature of Parent Date Signature of County Personnel Date

Signature of Child Date Signature of Group Home Employee Date

**Dates Effective:**