

Halton Support Services

Driving innovation and excellence in specialized services
for individuals with developmental disabilities

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RESPITE PROGRAM

I/We _____ am/are aware that _____
is not under the age of eighteen, a requirement of the provider approval process of the Respite
Program, and will allow _____ to provide respite care for
my/our son/daughter _____.

We _____ will not hold the employees of the Respite Program,
Halton Support Services, liable, should any untoward incidents occur while my/our
son/daughter, _____, is in the care of provider, _____.

Signature: _____ Date: _____

Signature: _____ Date: _____

Witness: _____ Date: _____