

## Family Participation Agreement

Please carefully read the following guidelines and consent for participation in Claude Moore Precious Time (CMPT):

### Participation Information

- Participation in CMPT is voluntary and neither families nor CMPT/James Madison University (JMU) are under contractual obligation to continue receiving/providing services.
- Families may decline to participate or withdraw at any point; however, families do not need to participate continuously to be considered “in” the program.
- The program director will contact enrolled families before each academic semester to determine if they would like to participate in the program for the coming semester. Families may decide to: (A) participate, (B) decline to participate that semester and permit the program director to contact them again the following academic semester, (C) permanently withdraw from the program.
- If families decide to permanently withdraw from the program, the program director will cease all participation inquiries, stop sharing family information with the current students (if applicable) and any future students, reassign current students (if applicable), and securely store any family records for (at the least) the minimum time outlined by regulations governing records retention.

### Information Regarding Students

- The student respite care provider is not licensed and is not functioning as a Registered Nurse; therefore:
  1. Students cannot administer medications [In the event of a life-threatening allergic reaction, students are permitted to use an epinephrine auto-injector (EpiPen) provided by the family]
  2. Students are not allowed to transport participating family members
- Caregivers are encouraged to engage students in all activities related to the care of their child to the extent that the caregivers are comfortable and students are allowed.
- Some activities related to the child’s care, such as administering feedings to children with special feeding needs, require the caregivers to fill out a special instruction page, which the students will review with the academic director to ensure that they are prepared and understand the procedure(s).
- On the first visit, caregivers must provide the student respite care provider with instructions and demonstrations regarding their child’s special needs and equipment.
- If caregivers are to leave the house during respite care hours they must leave an emergency phone number and instructions in the event of an emergency.

### Assumption of Risk

In determining whether your child will participate in this program, you should be aware that JMU, the College of Health and Behavioral Studies (CHBS), the Institute for Innovation in Health and Human Services (IIHHS), the School of Nursing (SON), and CMPT cannot undertake financial or legal responsibility for your child(ren) in the event that your child(ren) is injured, becomes ill or harmed while participating.

Information Sharing

At the beginning of the semester, CMPT will share the following family information (provided to CMPT by the family) with the specific student respite care providers matched with the family:

- Children's names, birthdates and diagnoses/health problems
- Contact information: phone numbers, addresses, email addresses for the family, etc.
- Information related to the child's care including: allergies, special diet, etc.
- Any other information disclosed by the family to CMPT as relevant.

CMPT will only share this information with the specific students matched with the family each semester. This information will be stored on a secure server requiring special permission for access. Students will be provided a hard copy of the family's contact information (phone numbers, addresses, email addresses, etc.) but students will not be permitted to possess physical records of information regarding the children's health information and care. Families may revoke this permission at any point by contacting the program director.

If a family revokes this permission, CMPT will immediately stop sharing family information with the current students (if applicable) and any future students. This information will be securely stored for (at the least) the minimum time outlined by regulations governing records retention. Families who revoke permission to share information will no longer be considered eligible to participate in the program.

By signing this document below, I certify that:

1. I have read and understand the guidelines of Claude Moore Precious Time
2. I specifically and completely release, hold harmless, and indemnify James Madison University, the College of Health and Behavioral Studies, the Institute for Innovation in Health and Human Services, the School of Nursing, Claude Moore Precious Time, and the individual employees and students from all liability, including negligence, and other causes of action, debts, claims, and demands of every kind which I have now or which may arise out of or in connection with my participation in this program.
3. I consent for Claude Moore Precious Time to share the information identified above until I withdraw from the program, or rescind this permission by contacting the program director.

Child(ren)'s name(s): \_\_\_\_\_

Parent/guardian/caregiver's name: \_\_\_\_\_

Parent/guardian/caregiver's signature: \_\_\_\_\_ Date: \_\_\_\_\_