



**FOSTER PARENT SAFETY PLAN & CASEWORKER AUTHORIZATION FOR  
SPECIALIZED RECREATION ACTIVITY ~ Use of a Weapon**

CHILD	AGE	DATE OF REQUEST
FOSTER PARENT(S)	FCSW	TYPE OF ACTIVITY: <b>USE OF A WEAPON</b>

**STANDARDS FOR APPROVING THE ACTIVITY**

1. **Special** qualifications of facilitators and supervision of the child is congruent with the activity.

Trainer name & qualifications \_\_\_\_\_

The weapon to be used is a \_\_\_\_\_

Location where weapon will be used \_\_\_\_\_

Supervision details \_\_\_\_\_

2. **Portable first aid kit content** is sufficient to address medical needs and is readily accessible.

Describe appropriate first aid equipment \_\_\_\_\_

3. **Ability and functioning** level of the child is appropriate to address safety precautions.

Child's ability \_\_\_\_\_

Weapon storage details \_\_\_\_\_

Child's access to the weapon \_\_\_\_\_

\_\_\_\_\_ Foster Parent Signature \_\_\_\_\_ Date

**CROSSROADS RECOMMENDATION**  Activity recommended  Participation not recommended

Signature: Program Personnel \_\_\_\_\_ Date \_\_\_\_\_

**CASEWORKER AUTHORIZATION**  Activity approved  Participation of this child denied

Signature: Program Personnel \_\_\_\_\_ Date \_\_\_\_\_