

Edgewood Children's Center
Residential Treatment Program
CARE AUTHORIZATIONS

Child's Name _____

Birth date _____

Emergency Hospitalization

I do not authorize emergency hospitalization for the above named child.

I authorize and grant permission for Edgewood Children's Center to obtain emergency hospitalization for the above named child while that child is in Day Treatment at Edgewood. I will be informed as soon as possible when any such hospitalization is necessary.

Prescribing Psychotropic Medication

I do not authorize prescribing psychotropic medication for the above named child.

I authorize and grant permission for Edgewood Children's Center's psychiatrist to prescribe psychotropic medication for the above named child if so indicated in the child's total treatment plan.

I authorize and request admission to Edgewood Children's Center Day Treatment Program for the diagnosis and treatment of emotional problems for the above named child. I am aware that the diagnostic and treatment procedures for emotional problems are not exact sciences, and I acknowledge that no guarantee has been made to me as to the results of the care provided by Edgewood. As an integral part of the care and treatment of the child, while the child is under Edgewood's care, I also agree to each of the following:

- Qualified Edgewood personnel may administer, as needed, non-prescription medications and medications that have been prescribed by duly authorized and qualified personnel.
- I agree to be financially responsible for pharmaceutical services and supplies for the above named child, including a service fee of 1.5% per month which is added to past due accounts.
- Edgewood may provide routine medical care for the above named child. This care includes, but is not limited to, physical and dental examinations, remedial treatment for minor illnesses, immunizations, and related diagnostic tests. This consent is not valid for hospital admissions, surgery, anesthesia, blood transfusions, tooth extractions, prescribing psychotropic medications, or HIV testing and related treatment.

I have read and received a copy of Edgewood's policies on of the following

Yes **No** *Crisis Behavior And Physical Intervention Policy*

Yes **No** *Client And Agency Rights, Protections, And Responsibilities*

Yes **No** *Client Grievance And Appeal Procedure*

I certify that I have read the above form; its contents have been explained to me; and I have had an opportunity to discuss them.

Date

Signature Of Parent Or Legal Guardian

Relationship To Child

Date

Signature Of Child

Date

Witness