



Crisis Admission / Discharge Permission and Consent Form

I, _____, give the following permissions as parent/guardian

Of _____ (Client Name):

CRP

Overnight Respite Care

Short Stay

Permission to Admit to CRP / Short Stay / Overnight Respite Care (Initial each item and sign below)

_____ Permission to admit into FSGC CRP / Short Stay / Overnight Respite Care Program. I understand that he/she will not be released into the custody of anyone other than me or my designee. Enter Designee if applicable:

_____ **Designee if Other Than Parent / Legal Guardian**

_____ **Relationship to Client**

Consent to Treat

_____ Permission for him / her to receive treatment at Family Service and Guidance Center which could include Crisis Intervention, Attendant Care, Psychosocial, Respite Care, Individual Therapy and / or Family Therapy.

Consent to Bill Third Party Payor / Fees

_____ I understand that as a service to me FSGC will bill my insurance company or the referring CMHC if applicable. I hereby authorize payment directly to FSGC for any third party benefits to which I am entitled. I further authorize the release of information needed to process third party claims. Clients living in Shawnee County may be eligible for a reduction in fees for some services. (Out of Catchment Area Clients: FSGC will bill Medicaid, but all other services will be billed to your CMHC who will collect your applicable fees)

Transportation Permission

_____ Permission to ride in motor vehicles operated by members of the Family Service and Guidance Center Staff for the purpose of transporting children to and from activities away from the Agency and in the community. Long distance trips (30 or more miles) will be cleared additionally through the parents or guardians prior to the actual trip.

_____ **Booster Chair** is required for transportation:

Photograph Permission

_____ Permission to be photographed solely for identification purposes. Audio and video surveillance is also activated.

Program Permissions

_____ Permission to watch TV including "G" And "PG" rated movie

_____ Permission to participate in Community Outings

_____ Client may call the following adults for support: _____

Nutritional Restrictions: _____

CLIENT: _____ ACCOUNT # _____

Statements of Understanding

____ I understand that visiting hours are between the hours of 6pm – 8pm and limited to 30 minutes.

____ I understand that if a parent/guardian does not participate and is unwilling to pick up their child when discharge is deemed appropriate, the police shall be called and a referral to Juvenile Intake will be made.

____ I understand no form of corporal punishment shall be used as a means of discipline. Children may be restrained as a last resort if deemed necessary to protect them or others from harm using the Managing Aggressive Behavior techniques.

____ I understand basic first aid will be provided if necessary.

____ I understand children presenting with dangerous behaviors, a risk to themselves or others or attempt to leave the program may be discharged and returned to their parents, referred for acute psychiatric hospitalization or referred to law enforcement officials.

____ I understand no electronic devices such as MP3 players, cell phones, video games, or other items of value will be allowed. Child and belongings are subject to an electronic search using a metal detector.

____ I have been provided a Crisis brochure outlining Family Service and Guidance Center Crisis programs.

____ I understand clients are expected to be in bed no later than 10pm. My child's bedtime is _____pm.

____ I understand swimming is not an activity in the Short Stay or Crisis Resolution Programs.

Signature of Parent/Guardian

Date

School Information – (Out of Catchment Area – NA)

Name of School: _____ **Address:** _____

Drop off Time: _____ **Pick up Time:** _____ **No School on the Following Dates:** _____

Clients Current Appointments

Day: _____ **Date:** _____ **Time:** _____ **With:** _____

Location: _____ **Phone:** _____

Day: _____ **Date:** _____ **Time:** _____ **With:** _____

Location: _____ **Phone:** _____

Day: _____ **Date:** _____ **Time:** _____ **With:** _____

Location: _____ **Phone:** _____

This Section Completed by FSGC at Discharge from the Program

_____ has been discharged from the FSGC CRP / Short Stay / Overnight Respite Care Program and released into the custody of _____.

Signature of Parent / Guardian/ CMHC Staff

Date / Time of Discharge