

KidSPOT - Consents and Acknowledgements
Admissions Packet

CONSENTS and ACKNOWLEDGEMENTS

Patient Name: _____

_____ **Medication:** I give consent to allow KidSPOT's nurse to administer my child's prescription medications brought from home, in the original prescription bottle. *** (EIDT/ABCSS, n/a for out-pt therapy)***

_____ Give Tylenol to my child if deemed necessary and appropriate by center staff/administrators if I cannot be reached to give consent.

_____ I give consent for KidSPOT to **photograph and/or videotape my child for the purposes of public relations, illustrations, advertising, social media, and/or publication in the media.**

_____ I give consent for KidSPOT to **photograph and/or videotape my child for classroom and clinical purposes and understand that this may become part of my child's medical record.**

_____ **NOTE: *FOSTER CARE CHILDREN MAY NOT BE INCLUDED IN ANY PUBLIC RELATIONS ACTIVITIES***

_____ **Release of Information:** I give consent for KidSPOT to disclose all of or any part of my child's record to any person or corporation involved with my child's care, for purposes related to treatment, payment, and/or operations by KidSPOT.

_____ **Payment for Services :** I authorize payment directly to KidSPOT and/or the attending physician of the benefits herein specified and otherwise payable to me, but not to exceed the clinic's or doctor's regular charges for this period of service. I understand I am fully responsible to KidSPOT and/or the doctor for the charges not covered by this authorization and not covered by Medicaid reimbursement.

_____ **Emergency Care:** I give consent for KidSPOT to provide treatment (on-site and off-site) during an emergency situation which may include, but is not limited to administering CPR, oxygen for respiratory distress, updrafts as appropriate for wheezing, asthma or dyspnea. I understand the staff will activate outside emergency services, such as 911.

_____ **Sunscreen:** I consent to let KidSPOT's staff apply sunscreen as needed for outdoor playtime. * (n/a for out-patient therapy)*

_____ **Developmental Assessment:** Conduct routine developmental assessments on my child, at no cost to me, for the purpose of developmental and educational levels.

_____ **Receipt of Parent/Patient Handbook:** I acknowledge receipt of KidSPOT's Parent/Patient Handbook. The contents of the handbook, including the discipline policy, and the patient rights and responsibilities were explained to me, and I will adhere to the policies and procedures contained therein.

_____ **Child Care Licensing Acknowledgement:** I acknowledge that I have been informed that all children enrolled and/or their parent/guardian may be subject to interviews by child care licensing staff, child maltreatment investigators and/or law enforcement officials for the purpose of determining licensing compliance or for investigative purposes. Child interviews do not require parental notification or consent. KidSPOT maintains Child Care Licensing Compliance forms at our facility for three years. Compliance forms are available for review upon request.

_____ **Allergies:** Post my child's allergy and/or medical alert information in appropriate places throughout the center to ensure that all staff members are aware of my child's allergies and/or medical information as needed.

Parent Signature

Date

Witness Signature

Date

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Revised 7/15/18

CONSENTS and ACKNOWLEDGEMENTS, Continued

Patient Name: _____

Separation of Church and State: Per section 23.04.4 of the ABC Rules and Regulations, "No religious activity may occur during any ABC day and no ABC funds may be used to support religious services, instruction or programming at any time." Section 23.04.5 states in part, "To assure that no religious activity is paid or subsidized by public funds or occurs in any manner suggestion governmental endorsement of any religion or message: a) ABC funds must be exclusively to support allowable ABC program costs incurred to provided non-religious instruction and activities during the ABC day; and b) No religious activity may occur during any ABC day regardless of the source of funds used to support the activity. Per ABC Rules and Regulations, section 23.03.5, "Religious activities" means, without limitation, religious services, prayer, religious rituals, or religious instruction provided by or carried out by or under the authority of the ABC program.

Developmental/Psychological Evaluation, Individual/Play, Family, Group Therapy : I, the legal guardian/parent of the above-named patient, give my consent for KidSPOT and/or Families, Inc., to perform Psychological/Developmental/ Cognitive Evaluations. I also give my consent for KidSPOT and/or Families, Inc., to treat for Psychological/Play Therapy/Social Work Services if determined appropriate by clinical professionals, on-site or off-site (public school and/or home). If such services are determined appropriate, I agree to attend and take part in therapeutic services as appropriate, i.e. family therapy.

Patient Admissions Information: I acknowledge that I have provided accurate information to the best of my knowledge. These rights and responsibilities were explained to me, I was given the opportunity to ask questions, and I understand them as they were presented to me.

Parent Signature

Date

Witness Signature

Date

I fully understand the policies and procedures within KidSPOT's Parent Handbook and have been oriented to the following:

1. The facilities and staff members.
2. The expectation of my involvement in my child's treatment planning.
3. Safety policies including the use of tobacco, weapons, drugs, and firearms.
4. The company policy on Child Abuse and Neglect.
5. The company policy on Confidentiality and its limitations.
6. The availability of 24-hour crisis intervention services.
7. My Rights and Responsibilities as a parent/guardian and for my child as a child.
8. My ability to file a grievance or complaint and the procedures that I should follow.
9. Understanding of Social Media Policy.

Parent Signature

Date

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