

! This release allows Jasper Mountain to arrange for medical care for your child, to administer prescription and non-prescription medications, and provides opportunity for you to assent or request modifications to the Agency’s medical communication and emergency transportation practices.

Name of Child: _____ **Date of Birth:** _____

I have the authority to sign this authorization and release on behalf of my child because my child is a minor and I am the child's parent or legal guardian. I hereby give my consent for the above-named child as follows:

1. MEDICAL AND DENTAL TREATMENT & COMMUNICATION I acknowledge that the above named child is enrolled in a Jasper Mountain residential treatment program (hereafter known as “Agency”). I understand that whenever possible, decisions regarding each resident’s medical care will be made by the child’s parent or guardian. This release, however, gives the Agency permission to secure and arrange for any necessary medical, surgical, or dental treatment of my child. This authorization further gives permission to any physicians, hospitals, dentists, or other care providers to examine, treat, provide surgery and hospital care, and to share information as requested by the Agency. I authorize my child's physician and dentist to be informed by the Agency of pertinent medical or mental health issues relevant to caring for my child’s health and well-being.

In a medical emergency or for serious medical situations, I understand that the Agency’s policy is to contact the child’s parent/guardian at the earliest opportunity following immediate attendance to an emergency. For medical issues of a non-emergency nature (for example, fevers, colds, minor ailments) the Agency notifies parents/guardians during regular communication with the child’s therapist. Please initial the following:

INITIAL ONE

_____ **I agree to be informed of minor medical issues according to this general procedure.**

_____ **I wish to be informed of minor medical issues according to another criteria, provided in writing by me and attached to this agreement.**

2. EMERGENCY MEDICAL TRANSPORT In the event of a medical emergency involving agency clients, Jasper Mountain’s policy is as follows: *In the event of a medical emergency for a client when a parent cannot be immediately reached, the staff person working with the child will consult with agency leadership personnel if at all possible to determine the safest and most appropriate method of transport. Agency policy requires that an ambulance must be used if any of the following are true: the child’s respiration is affected, the child’s consciousness is affected, there is a possibility of unknown medical concerns such as internal trauma, or there is serious bleeding. If an ambulance is not required, agency staff will transport the child to a medical facility by the safest and most efficient means. If a child has a medical emergency, whether transported to a medical facility or not, the child’s parent or guardian will be informed at the earliest opportunity following immediate attendance to the emergency.*

Given the above described policy, I authorize Jasper Mountain as indicated below (please initial the statement that applies):

INITIAL ONE

_____ I authorize the agency to address emergency medical care in accordance with the above described policies and procedures.

_____ I wish to have emergency medical transportation issues to be addressed according to another procedure, provided by me, and attached to this agreement.

3. NON-PRESCRIPTION MEDICATIONS

At times, a child may become ill and would be helped by standard over-the-counter medications. The Agency's practice regarding minor medication needs is for all as-needed non-prescription medications to be given in accordance with the agency doctor's standing orders, under the supervision of the agency nurse, and consistent with any special medical needs or conditions for each individual child (such as allergies, etc). The standing orders are attached to this release and describe the amounts and types approved for as-needed use by agency programs. Please initial the following statement that would apply to your child's case:

INITIAL ONE

_____ I give my permission for my child to receive this medication on an as-needed basis, as described in the attached standing orders for non-prescription medications.

_____ I have provided in writing my desired modifications to the attached standing order non-prescription medications, and ask that this protocol be followed for my child.

4. PRESCRIPTION MEDICATIONS

I understand that medication may be one treatment option for my child. I am aware that I must give informed consent in writing for the initial administration of any medication to my child or to any subsequent change in the class of medication. This document gives my expressed informed consent for Jasper Mountain to administer medication prescribed to my child by this child's primary care physician and/or the psychiatrist. I understand that I may refuse the administration of medication to the above named child, either verbally or in writing, and that in doing so there may be some associated risks involved.

Current Medications: Upon intake into the Jasper Mountain residential program, the above named child is taking the following medications (please indicate "none" if your child is not currently taking medications):



RESIDENTIAL PROGRAM Medical Release

I give my permission for Jasper Mountain to administer the above listed medications by signing the Authorization & Release section of this document below.

5. AUTHORIZATION & RELEASE

My signature below indicates that I have been informed of above listed procedures regarding health services, health communication, emergency transportation procedures and medication administration. I have been given opportunity to approve or request modifications to these procedures, and have provided any requested modifications in writing, and have attached them to this agreement. I hereby authorize the agency to carry out medical services as outlined in this release and addendum(s).

Parent/Guardian Name (Please Print): _____

Relationship to Child: _____

Parent/Guardian Signature: _____ Date: _____

ADDENDUM: Non-Prescription Medications

Children at Jasper Mountain with **no documented allergies to the following medications** may be given these over-the-counter medications under the direction of the agency nurse as needed for the appropriate symptoms.

ORAL MEDICATIONS

Acetaminophen (Tylenol) Elixir/Acetaminophen (Tylenol) 80 mg tablets: for pain and/or fever (over 100 degrees), at the following dosage:

- Age 4-5 yrs, weight 36-47 lbs: 1 ½ teaspoon every 4 hours/3 tablets every 4 hours
- Age 6-8 yrs, weight 48-59 lbs: 2 teaspoons every 4 hours/4 tablets every 4 hours
- Age 9-10 years, weight 60-71 lbs: 2 ½ teaspoons every 4 hours/5 tablets every 4 hours
- Age 11 years, weight 72-95 lbs: 3 teaspoons every 4 hours/6 tablets every 4 hours
- Over 96 lbs: Adult Tylenol 2 tabs (325 mg each) every 4 hours

Ibuprofen (Motrin) Liquid/Ibuprofen (Motrin) 200 mg tablets: For pain and/or fever (over 100 degrees) as alternative to Acetaminophen, at the following dosage:

- Age 4-5 yrs, weight 36-47 lbs: 1 ½ teaspoon every 6 hours (no tablet form)
- Age 6-8 yrs, weight 48-59 lbs: 2 teaspoons every 6 hours/1 tablet every 6 hours
- Age 9-10 years, weight 60-71 lbs: 2 ½ teaspoons every 6 hours/1 tablet every 6 hours
- Age 11 years, weight 72-95 lbs: 3 teaspoons every 6 hours/1 ½ tablets every 6 hours
- Over 96 lbs: 4 teaspoons every 6 hours/2 tablets every 6 hours

Benadryl Elixir or Tablets: For allergic conditions, rash, hives, seasonal allergies, and/or runny nose. Use as directed on the container.

Phenylephrine 10 mg tablets and liquid: For nasal congestion, at the following dosage:

- Age 3 to 6 years: use liquid per instructions on bottle
- Age 6 to 12 years: 1 tablet every 4 to 6 hours, not more than 4 doses in 24 hours
- Age 12 years and over: 1- 2 tablets every 4 to 6 hours, not more than 4 doses in 24 hours

Robitussin DM: For cough suppressant, at the following dosage:

- Age 2-5 years: ½ teaspoon every 6-8 hours, not to exceed 2 teaspoons in 24 hours
- Age 6-11 years: 1 teaspoon every 6-8 hours, not to exceed 4 teaspoons in 24 hours
- Age 12 and over: 2 teaspoons every 6-8 hours, not to exceed 8 teaspoons in 24 hours

TOPICAL MEDICATIONS

- **Hydrocortisone Cream 1%:** For itchy skin or rash, apply up to 4 times daily.
- **Tinactin/Lotrimin:** For athlete's feet, ringworm, and jock itch. Apply twice a day.
- **Neosporin, Polysporin, or Triple Antibiotic Cream:** For minor wounds after cleansing. Apply up to 4 times daily as needed.