

Morris County Youth Shelter
Treatment Consent Form

In order to provide the best possible treatment for this child during their stay at the shelter, we would appreciate you completing and signing this form.

In the event that (resident's name) _____ needs medical, dental, surgical, and/or psychiatric treatment to assist in their physical or mental recovery and/or restoration, I hereby request that such treatment be provided by the facilities and services available to the Morris County Youth Shelter.

In the event that a selective minor, major, or radical surgery or procedure is required, I will be informed of the nature of the condition and special consent will be requested from me.

I authorize the Morris County Youth Shelter to request medical information, including immunization records and medication names and doses that are pertinent to the care of this child.

I authorize the Morris County Youth Shelter to release any health information needed for:

- Treatment at other medical or residential placement facilities
- Family Court
- Review by an oversight agency monitoring compliance with state regulations or standards

Print Name

Signature

Relationship to Resident

Date

Please list any allergies to medications or food that this child may have. Please also list any other information you feel would assist the Morris County Youth Shelter and/or the treatment provider.

Insurance Company: _____

Address: _____

Phone #: _____

Policy #: _____ Group #: _____

Name of Person Enrolled: _____

Prescription Plan: _____ Plan #: _____

Staff Signature

Date