

Five County Detention & Youth Treatment Center
Consent for Medical and / or Emergency Treatment

I, _____ hereby voluntarily give this consent to Five County Detention & Youth Treatment Center, for the rendering of such care, including any diagnostic procedures, surgical and medical treatments, blood transfusions, and hospitalization by medical doctors, hospitals or their authorized designees, as may in their professional judgment be necessary to provide for medical, surgical or emergency care of me:

(Relationship) (Hereafter "dependent") Full Name DOB SS #

I further give my consent to Five County Detention & Youth Treatment Center (hereafter "caregiver"),
Who will be caring for my dependent while he/she is with caregiver, to arrange for routine or emergency medical and/ or dental care and treatment necessary to preserve the health and safety of my dependent?
In the event that my dependent is injured or ill while under the care of the caregiver, I hereby give permission to provide first aid for said dependent and to take the appropriate measures, including contacting the Emergency Medical Services (EMS), and arranging for transportation to the nearest medical facility.

In making medical decisions on my behalf for the benefit of my dependent, I direct that the caregiver make reasonable efforts to attempt to contact me. However, if medical care becomes essential, I give permission to the caregiver to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the caregiver on my behalf for the benefit of my dependent, I authorize the caregiver to request, obtain, review and inspect any and all information bearing upon my dependent's health , and relevant to such decisions to be made respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examination or treatment on the condition of my dependent and that I am responsible for all reasonable charges in connection with the transportation , care and treatment rendered to my dependent during his/ her stay at Five County Detention & Youth Treatment Center and will pay the same. I further authorize that this consent will be valid for one (1) year from the date of my signature hereon. During stays at Five County Detention & Youth Treatment Center, I agree that I have been encouraged to participate in the Detention Clinician Project and the juvenile may be recommended to receive substance abuse services, crisis counseling, or mental health services. Assessment, summaries and information may be forwarded to my dependent's probation officers.