



## PROCEDURES FOR ADMISSION

Before a child can be placed in the facility, Children Under Construction, Inc. residential facility must receive documentation including:

- Referral Packet (to include diagnosis, medical & social history)
- Client Treatment Plan
- Client Rights Form
- Consent for Treatment
- Personal Inventory
- Doctors Orders (Including all medications)
- Phone Log



CHILDREN UNDER CONSTRUCTION

INFORMING OF RIGHTS AND RULES

Name: \_\_\_\_\_ Record #: \_\_\_\_\_

The consumer and legally responsible person should initial each item.

- \_\_\_\_\_ 1. I have received the policies and procedures for:
  - a. The rules to follow, including possible penalties;
  - b. My protection regarding confidential information, and disclosure of such;
  - c. How to receive a copy of my service plan;
  - d. Fees charged, and collection of those fees for treatment provided;
  - e. Grievance procedure to follow;
  - f. Suspension and expulsion from services
  - g. Search and seizure of personal possessions

\_\_\_\_\_ 2. I understand I can contact the Governor’s Advocacy Council for Persons with Disabilities (GACPD).  
**Their street address is:** 2113 Cameron Street  
 Suite 218  
 Raleigh, NC 27605-1344  
**Their mailing address is:** 1314 Mail Service Center  
 Raleigh, NC 27699-1314  
 Phone number: (919) 733-9250 or (800) 821-6922  
 Website: [www.doa.state.nc.us/doa/gacpd/reach](http://www.doa.state.nc.us/doa/gacpd/reach)

\_\_\_\_\_ 3. I understand the benefits, potential risks, and possible alternative methods of treatment.

\_\_\_\_\_ 4. I understand I have the right to refuse treatment at any time, but choose to consent to treatment \_\_\_\_\_ at this time. I further understand my refusal will not be sued as sole grounds for termination of \_\_\_\_\_ services unless the treatment is the only viable option available at the agency.

\_\_\_\_\_ 5. I understand I have the right to be free from harm, abuse, neglect, and exploitation.

\_\_\_\_\_ 6. I have received a copy of the consumer handbook and related application information.

I certify the above information is current and has been explained to me so that I may understand it. I certify I had the opportunity to ask questions and had them all answered. I further acknowledge receipt of the above information in writing, upon my admission date.

\_\_\_\_\_  
Consumer Signature Date \_\_\_\_\_

\_\_\_\_\_  
Legal Guardian Signature (if applicable) Date \_\_\_\_\_

\_\_\_\_\_  
Staff Signature Date \_\_\_\_\_

**\*\*Note: Original to be kept in consumer record, copy to be given to consumer and legal guardian\*\***



CHILDREN UNDER CONSTRUCTION

CONSENT TO TREATMENT

To All Parents:

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without parent's consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of Children Under Construction, this will allow the hospital to treat the injury.

Name of Child: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: / / \_\_\_\_\_

Family Physician: \_\_\_\_\_

List Any Allergies: \_\_\_\_\_  
\_\_\_\_\_

Required Medication: \_\_\_\_\_  
\_\_\_\_\_

Medicaid#: \_\_\_\_\_

In case of an accident or illness, I hereby authorize a representative of Children Under Construction, to use his/her judgment in obtaining immediate Medical Care.

\_\_\_\_\_  
Parent/Guardian Signature Date

(Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible).

## Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
( )	( )	( )	( )
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

## Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
( )	( )	( )	( )
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

## Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case of accident during activities related to [Organization], as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Witness Signature

Date