

OUTPATIENT MINOR POLICY STATEMENT AND INFORMATION

Welcome to Northeast Rehabilitation Health Network's Pediatric, Child and Adolescent Services. In order to ensure the safety of children while being treated at our facilities, please read the following information and sign where indicated.

All clients must have given registration emergency information.

All clients under 18 years of age must sign in and out at reception for every visit.

Never leave your child unattended in the waiting area. For children under 16, please use the pediatric waiting area.

For safety reasons, you must remain present in the waiting area or building during treatment sessions.

If your child had a valid driver's license and will be transporting themselves to and from appointments and subsequently will be without your supervision while at our facilities, a waiver form must be signed by the child's parent or guardian. The child must comply with the sign in and sign out practices.

WAIVER

My child has a valid driver's license and will be transporting him/herself to and from NRHN facilities. I have reviewed the responsibilities with him/her. I understand that my child will be in the waiting area/ building without supervision at times and hold NRHN harmless from liability.

Parent or Guardian Signature

MEDICAL EMERGENCY STATEMENT

Child's Pediatrician: _____

Telephone Number: _____

I hereby give permission for Northeast Rehabilitation Health Network to give my child, _____ simple first aid when necessary or in the event of a more serious accident, for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment if warranted on behalf of my child.

Parent or Guardian Signature

Date

I hereby authorize the following individuals to drop off/pick up my child:

Name _____

Name: _____

Street: _____

Street: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

The staff of NRHN are dedicated to the safety of children. We welcome your feedback to assure that your child receives the quality of care that he/she deserves. Please feel free to contact the Director of Pediatrics (ext. 771) with comments and suggestions.

I have read and understand NRHN Minor Policy.

Signature

Date