

SUBJECT: Minor Policy

OUTPATIENT MINOR POLICY STATEMENT AND INFORMATION

Welcome to Northeast Rehabilitation Hospital 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.

Never leave your child unattended in the waiting area. For children under 12, please use the pediatric waiting area.

For safety reasons, an adult 18 years of age or older must remain present in the waiting area or building during treatment sessions when the client is under 12 years of age.

WAIVER

My child is 12 years of age or older and will be transporting him/herself to and from NRHN facilities for treatment. 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

Date

Time

MEDICAL EMERGENCY STATEMENT

Child’s Pediatrician: _____

Telephone Number: _____

I hereby give permission for Northeast Rehabilitation Hospital 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

Time

I hereby authorize the following individuals who are 18 years of age or older to accompany my child during treatment:

Name _____
Street: _____
City: _____
State: _____ Zip: _____

Name _____
Street _____
City: _____
State: _____ Zip: _____

The staff of NRHN is dedicated to the safety of children. We welcome your feedback to ensure that your child receives the quality of care that he/she deserves. Please feel free to contact the Director of Pediatrics with comments and suggestions @ 603-893-2900, ext. 3235.

I have read and understand NRHN Minor Policy.

Signature _____

Date _____

Time _____