



Crisis Nursery of Greater Rochester

Consent Form-Readmit

Name of child/children and dates of birth _____

I, _____, am the legal guardian of above listed child/children and I hereby agree to participate and allow the above name child to participate in the services of the CNGR as explained to me by the appropriate staff. The program may include collection of environmental, developmental, medical, social and economic information by the CNGR staff.

I hereby authorize the staff of the CNGR to administer prescription and nonprescription medication to my child as medically indicated. I also give my permission to the staff to call a medical doctor for medical care for the child named above. It is understood that a conscientious effort will be made to locate me or a designated emergency contact person before any action will be taken. I hereby give consent to the staff of the CNGR for said child to receive medical and surgical aid as may be deemed necessary by a licensed or recognized physician or surgeon in case of emergency when I or my representative cannot be reached. I agree that the CNGR will not be held liable for any incident which adversely affects the health, welfare or safety of said child resulting from such medical treatment.

I also authorize the taking of photographs, and/or audio-visual tape recordings of my child to be used for client records and authorize the release of information regarding the care of the children to other involved agencies.

I acknowledge I have read and understand this agreement and have provided full and complete information to the CNGR staff.

There are no changes to the original intake form regarding the care of the above children

Parent/guardian signature _____

Date/Time of intake _____

Date/Time of discharge _____

Parent/guardian signature _____