

**Southern Peaks Regional Treatment Center
COMBINED CONSENTS**

Youth's Name: _____ DOB: _____

Referring Agency: _____ Today's Date: _____

PLACEMENT AUTHORIZATION

I hereby authorize **Southern Peaks Regional Treatment Center (SPRTC)** to serve as this child's caregiver under the following terms and conditions:

1. **Daily Care:** The Caregiver must provide the youth's daily care, protection, control, and reasonable discipline.
2. **Education:** The Caregiver must enroll the youth in public school and/or other educational program(s) as directed by the youth's caseworker/probation officer or supervisor. The Caregiver may sign any documents needed to enroll the youth in school or other educational programs. The Caregiver may also receive and review the youth's educational records.
3. **Travel:** The Caregiver may provide routine transportation for the youth, including transportation for medical and dental care. The Caregiver must obtain prior approval for the youth to travel outside the facility for activities outside of the normal scope of treatment.
4. **Photographs and videotapes:** The Caregiver may take photographs of the youth only for identification purposes. The Caregiver must not release any photographs without the prior written consent of the youth and the probation officer/caseworker or the supervisor.
5. **Medical Care:** The Caregiver may consent to the youth's medical, dental, and psychological care as specified under the Authorization for Medical, Dental, and Psychological Care.
6. **Confidentiality:** Under penalty of the law, the Caregiver may not release information about the youth to anyone without the prior authorization of the youth's probation officer/caseworker or the supervisor, except as specified below:
 - a. The Caregiver may provide information about the youth to the youth's school, or other authorized educational programs; to doctors, dentists, and other medical providers; and to counselors and therapists to the extent that the information is needed for the youth's education or medical, dental, or psychological treatment.
 - b. The Caregiver must give the placing agency unrestricted information about the youth at all times.
7. **Contact with the family:** The Caregiver must permit the youth and the youth's family (as well as others identified as significant to the child) to maintain contact through direct visitation, telephone calls, mail, and gifts under the terms and conditions specified by the Caregiver and the courts.
8. **School Programs and Extracurricular Activities:** The Caregiver may authorize the youth to participate in school programs and extracurricular activities that do not involve an unusual risk of injury to the child. The Caregiver must inform the youth's probation officer/caseworker of all such activities.

Legal Guardian Initials: _____ Youth Initials: _____

**PLACEMENT AUTHORIZATION FOR MEDICAL, DENTAL,
AND PSYCHOLOGICAL CARE**

I hereby authorize the **Southern Peaks Regional Treatment Center (SPRTC)**, hereafter “the caregiver”, to arrange medical, dental and psychological care for this child under the following terms and conditions:

1. **Non-emergency care:** The caregiver may consent to routine care provided by a licensed physician, dentist, psychologist, or psychiatrist, subject to the following limitation:
 - a. If Medicaid covers the youth, the provider must accept Medicaid, or the cost of the provider must be covered.
 - i. Through a county medical services agency
 - ii. Under the caregiver’s health insurance, or
 - iii. By the caregiver directly
 - b. The caregiver must secure the approval of the youth’s caseworker/probation officer or the supervisor before consenting to:
 - i. A surgical procedure
 - ii. A treatment that the youth’s physician considers experimental, dangerous or
 - iii. Any other medical treatment that may be life threatening to the youth’s life or long term health

2. **Emergency Care:** If the youth’s caseworker/probation officer or the supervisor cannot be contacted in advance, or if there is not enough time to contact them in advance, the caregiver may consent to any emergency treatment recommended by a licensed physician, dentist, psychologist, or psychiatrist, subject to the following limitations:
 - a. The caregiver must notify the youth’s caseworker/probation officer or the supervisor of the youth’s emergency treatment.
 - i. Immediately if possible, or
 - ii. Within 24 hours after the initial treatment
 - b. The caregiver must secure the approval of the youth’s caseworker/probation officer or the supervisor before consenting to voluntary emergency admission to a mental health facility.

3. **Immunizations:** The caregiver is provided with an immunization consent form. **HOWEVER**, according to state law, youth must be immunized to be in school. If consent is not obtained from caregiver and/or an immunization record is not provided, after 30 days, SPRTC medical staff will update immunizations according to state standards.

4. **Drug Testing:** Youth will be subject to drug testing upon admission and upon return to the facility after any off grounds activity. Additionally, SPRTC reserves the right to drug test any youth at any time the youth is suspected of being under the influence.

Legal Guardian Initials: _____ Youth Initials: _____

*** For information purposes only: HIV/STD testing is offered to all youth upon admission under a general medical consent**

PARENT/GUARDIAN ADVISEMENT

I acknowledge that I have been given a copy of the Parent Handbook which contains the following information:

- SPRTC Child Abuse Reporting Policy

- The telephone number and address of the Colorado Department of Human Services, Division of Child Care and Joint Commission where I may file a complaint should I have a concern about licensing violations at SPRTC
- SPRTC Youth Rights
- SPRTC Youth Grievance Procedure
- Contact information including the phone numbers and titles of the SPRTC staff responsible for the treatment of _____.

Legal Guardian Initials: _____

SAFE CRISIS MANAGEMENT (SCM) OVERVIEW

Physical Interventions using Safe Crisis Management techniques are limited to the following occasions/behaviors:

1. Self destructive, self abusive, or suicidal behavior exhibited by a youth.
2. Physical aggression on the part of a youth directed toward another youth.
3. Physical aggression on the part of a youth directed toward a staff member.
4. A youth who poses a danger to himself/herself by attempting to run away.

Physical Interventions stop at the time the youth no longer presents endangering behaviors.

I have had the reasons for use of Physical Interventions explained to me. I understand these definitions and understand what will be required of me for release from an intervention. I further understand that the SCM and Grievance procedure policies are located in my Resident Handbook issued to me upon admission.

Legal Guardian Initials: _____ Youth Initials: _____

PROPERTY DISCLAIMER

Southern Peaks Regional Treatment Center (SPRTC) is not responsible for Youth's lost or stolen personal belongings.

If a personal belonging is lost or stolen the Youth will not be reimbursed; therefore valuable belongings should not be brought into the SPRTC at any time during your stay.

By signing this form you are acknowledging that you understand that yourself or your family will not be reimbursed for lost or stolen personal belongings.

Legal Guardian Initials: _____ Youth Initials: _____

DOGS IN THE PROGRAM

Southern Peaks Regional Treatment Center (SPRTC) is a dog friendly program. Staffs bring in their personal pets to interact with the youth in the program. All animals are screened by the supervisor of the Dog Program in the vocational program before being allowed to interact with the youth. All animals must have updated proof of vaccination before being allowed to interact with the youth. SPRTC is piloting having dog specified to live on the female unit. They will be crate trained in case of emergency and for sleeping at night. Youth will volunteer to maintain care of the animal such as hygiene needs, feeding, recreation...etc. If this goes well, dogs will become an integral part of each unit.

By signing this form you are acknowledging that youth understand that your child will be exposed to animals and their care. They will not be forced to interact with the animals, but will be around them.

Legal Guardian Initials: _____ Youth Initials: _____

CONSENT FOR FACILITY SPONSORED ACTIVITIES

Part of the programming at Southern Peaks Regional Treatment Center includes staff supervised, facility sponsored off grounds activities. Activities include but are not limited to: hiking, sporting events in the local area, community activities, cultural activities, and educational activities. Youth will be eligible based on their behavioral/clinical progress in the program and eligibility will be determined by the internal treatment team.

Legal Guardian Initials: _____ Youth Initials: _____

I have read the above policies and understand and agree to each.

Youth's Signature

Date

Legal Guardian/Legal Custodian

Date

Staff Signature

Date