



CONSENT FOR PLACEMENT AND TREATMENT

I hereby authorize the PPEC in consent and treatment for my child. I understand will provide services for my technologically dependent child. These services include, but are not limited to, developing, implementing, and monitoring of a comprehensive protocol of care including medical, nursing, psychological and developmental therapies required by my child.

My responsibilities include providing the PPEC with the following supplies to be used or consumed by my child while at the center:

- All medical supplies
- Medications
- Diapers
- Wipes
- Food

It is also my responsibility to inform the PPEC of any changes in my child's medical care and of doctor appointments beforehand, if possible.

In case of an emergency, I give permission to the staff of The PPEC to treat my child. If I cannot be reached, I understand that emergency transportation will be provided by a licensed E.M.S. provider with a The PPEC staff member accompanying my child.

My hospital preference is: _____

I hereby request and give permission for the PPEC to provide medical and psychological examination and treatment as the staff deems best for my child's welfare. This may include an examination by the PPEC's Medical Director to ensure that our quality of service is maintained.

I release the PPEC and staff from all liabilities regarding the care of my child except in the case of gross proven negligence. This authorization will remain in effect for continuing visits until permission is revoked by me.

Signed: _____ Relationship: _____

Child's Name: _____

Witnessed: _____ Date: _____