

Nacogdoches Treatment Center
Respite Weekend
Release

As the caregiver for _____ I give my permission for him/her to stay at the Nacogdoches Treatment Center for Respite Weekend Care. The staff at the Nacogdoches Treatment Center is willing to provide this opportunity for their clients involved in the Day Activity Program. I understand there are added risks involved in keeping clients for 48 hours.

I understand that if medications must be administered during the weekend, it will be given by the staff members of the Nacogdoches Treatment Center who have no formal medical training. I will prepare the necessary medications for my loved ones with the written instructions on how they are to be administered for the staff to follow. I understand the risk in medication being administered by a non-licensed medical professional and I do not hold the Nacogdoches Treatment Center responsible if the medications are not administered correctly.

___ Administer medications ___ Do not administer medications

I understand that clients will be given the opportunity for baths during their stay over the weekend. I understand that there is an added risk of accident, namely falling during bathing. If I choose to have my loved one bathed, I accept the risk involved and do not hold the Nacogdoches Treatment Center responsible for any accident that may occur

___ Bath ___ Do not bath

I understand the clients may leave the facility and go on an outing with the staff during the weekend stay. I give permission for my loved one to participate in these outings. I understand the added risk in taking the clients from the facility and do not hold the Nacogdoches Treatment Center responsible for any accident that may occur outside the facility.

___ Allow to leave the facility

I understand that if an emergency occurs that the staff will try and contact me at the phone number listed on this form. If I cannot be reached, the staff will call 911 and have the ambulance service come and take the client to the emergency room at the hospital listed on the emergency form in the clients Day Activity program folder. The emergency folder will be given to the emergency responders. I do not hold the Nacogdoches Treatment Center responsible for any accidents that may occur.

I have read the above release form and accept the terms of this agreement.

Name

Phone number

Staff Signature

Date