

Consent to Perform Caregiving Health Practices and Authorization for Disclosure of Health Information

I (parent/guardian), _____, give permission to designated, trained Child, Youth, and School (CYS) Services personnel to perform and carry out caregiving health practices for my child/youth, _____, as outlined in my child/youth's Medical Action Plan (MAP) and ordered by the prescribing health care provider.

I acknowledge, and have discussed with my child's health care provider, the risks associated with the caregiving health practices that may be performed, and consent to trained CYS Services personnel performing certain accommodations outlined in my child/youth's MAP. I acknowledge that the risks to my child/youth could include death or permanent incapacitation.

I consent to CYS Services personnel responsible for performing caregiving health practices for my child/youth, to contact my child/youth's health care provider regarding the MAP and the administration of medication. I also authorize the disclosure/release of the information contained in my child/youth's MAP to all CYS Services personnel who have responsibility for my child and who may need to know this information to maintain my child's health and safety.

I acknowledge that the caregiving health practices performed by CYS Services personnel are being provided pursuant to 29 U.S.C. § 794, the Rehabilitation Act of 1973. Pursuant to 28 U.S.C. § 2680 and Army Regulation 27-20, Claims, dated 8 February 2008, paragraph 2-28, a tort claim against the U.S. Government is not payable if it is based upon an act or omission of an employee of the U.S. Government, exercising due care, in the execution of a statute or regulation, whether or not such statute or regulation is valid.

I understand that failure by the parent(s)/guardian(s) and/or child/youth to comply with CYS Services policies, guidelines, directions, regulations, and/or other applicable law may result in non-admission or removal of the child from CYS Services programs.

Parent/Guardian Name/Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____