Admission agreement

Utah Department of Health & Human Services
Licensing & Background Checks

Child information			
Name		Date of birth	

Parent 1 information			
Name			
Phone number		Daytime phone number	
Email address			
Physical address			

Parent 2 information			
Name			
Phone number		Daytime phone number	
Email address			
Physical address			

Emergency contacts and sign out authorization	
In the event of an emergency, if the provider is unable to get in touch with me in a timely manner, I give my permission for them to contact the following people. I also give the following people permission to sign my child out from the program.	
Name	Phone number

Out-of-area emergency contact	
In the event of an emergency, if the provider is unable to get in touch with me or any of the people listed above in a timely manner, I give my permission for them to contact the following person who lives out-of-area.	
Name	Phone number

Emergency transportation and medical treatment permission	
I give my permission for the provider to transport my child and/or seek medical treatment in the case of an emergency.	
Signature	**Date signed**

Transportation permission (optional)	
I give my permission for the provider to transport my child for non-emergency purposes.	
Signature	**Date signed**

Behavioral expectations and client rights	
I have been informed of the program's behavioral expectations and how misbehavior will be handled. I have also been informed of mine and my child's rights, which are: • *To be informed of our rights* • *To be treated with dignity, respect, and fairness* • *To be free from potential harm or acts of violence* • *To be free from discrimination* • *To be free from abuse, neglect, mistreatment, exploitation, and fraud* • *To have equal access to food, shelter, and health services* • *To be free from retaliation for reporting any violation to our rights* • *To privacy of current and closed records* • *To communicate and visit with family, attorneys, clergy, physicians, counselors, or case managers or workers assigned to my child, unless therapeutically contraindicated or court restricted.*	
Signature	**Date signed**

I attest that the information I have provided in this form is accurate and up-to-date.

Name	**Date**
Name	**Date**
Name	**Date**
Name	**Date**
Name	**Date**