

Youth For Tomorrow

MEDICAL CARE RELEASE & PERMISSION TO TREAT FORM

Resident/Referral Full Name: _____

Age: _____ Date of Birth: _____ Social Security Number: _____ - _____ - _____

The resident/referral/referral listed above is a resident of the *Youth For Tomorrow New Life Center* located at: 11835 Hazel Circle Drive in Bristow, Virginia.

Youth For Tomorrow cannot assume the responsibility for illness arising from any previous or congenital, physical abnormalities not disclosed at the time of interview or during the resident/referral's physical examination.

I (hereby certify that I am the parent or legal guardian of the above-named resident/referral and I give Youth For Tomorrow my permission for the above-named resident/referral to be treated by YFT or at a medical facility for any medical/dental emergency which may occur. In addition, I authorize Youth For Tomorrow to have the required immunizations administered for the above-named resident/referral, including an annual flu vaccine. I also understand that Youth For Tomorrow will make every reasonable effort to contact me for any emergency using the contact information I have provided. I further understand that I am fully responsible for all medical/dental fees which may occur, and that all billing will be made directly to me.

I understand that all co-pays and/or payment not covered by insurance - primary or secondary, all over-the-counter medications, and all doctor and/or dentist visits not covered by primary or secondary insurance companies are the responsibility of the parent/legal guardian and/or paying source.

Youth For Tomorrow has entered into a contractual relationship with NeighborCare Pharmacy Services, a professional pharmacy service, to provide all resident/referral prescription needs. Therefore, all resident/referral prescription needs that YFT provides are required to be handled through this service. We will be glad to discuss options in the unlikely event that your insurance provider and NeighborCare do not align. If you have further questions, please do not hesitate to communicate with the Health Care Coordinator, Sharon Carroll, R.N. by calling, (703) 396-8361.

Print Name of Parent/Legal Guardian

Parent/Legal Guardian Signature

Date