

Written Placement Agreement for Residential Care

Child: _____
Date of Birth: _____

TO WHOM IT MAY CONCERN:

The residential treatment facility is authorized to enroll children in school, to seek emergency and routine medical care, and to give authorization for treatment. This authorization does not extend to surgical procedures or procedures requiring general anesthesia. In the event of a medical emergency requiring surgery or any procedure requiring general anesthesia, please immediately contact the worker, supervisor, or call the hotline at 1-800-392-3738 and ask for the on call worker.

If you have any questions, please feel free to contact the worker or supervisor.

Case Manager/Service Worker

Telephone: _____

Supervisor

Telephone: _____

Date: _____