

## Parental/Legal Guardian Contract for Treatment

I understand that my child's admission is for behavioral health treatment and requires active participation on my part including a commitment to working toward reintegration into my home.

Active participation includes:

1. Attending family therapy weekly.
2. Keeping regular contact with my child through telephone calls and visits.
3. Notifying the hospital/provider if unable to keep scheduled appointment.
4. Keeping the hospital informed of any changes in address, telephone numbers or living situations.
5. Contacting \_\_\_\_\_ at \_\_\_\_\_ when I have questions regarding my child's treatment.
6. Being willing to look at family issues and seek the resources we may need for family success to including the pursuit of individual/marital treatment.
7. Notifying the hospital of any changes or potential interferences that may impact my child's current treatment.
8. Collaborating with the treatment team in the development of a safety plan for when my child is discharged to home.
9. Being involved in planning my child's follow up care.
10. Taking responsibility for keeping the scheduled outpatient appointments upon discharge.
11. Preparing our family, home, and the school for my child's return once the treatment team has notified me of the estimated date of discharge.
12. Being open to the possibility that medication may be a part of my child's treatment plan.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Patient Name \_\_\_\_\_