



## **ADMISSIONS RENEWAL PACKET**

Every year the following packet will need to be completed. This is so we can provide the best care for your loved one. The packet must include all papers and a TB test. Please turn this packet in to the Nurse when completed. We appreciate your support.

-Village Strong, 2021



## MEDICAL INFORMATION

Client's Primary Care Physician: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Does he/she take any medications? If so, what kind(s) and what are the administration times? *(If you need additional space, please use a separate sheet of paper):*

1. RX Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

2. RX Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

3. RX Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

4. RX Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

*\*\*We prefer you provide a full week's worth of medication(s) in the original marked prescription bottle(s) with clear instructions. A written waiver signed by the parent/caregiver is required for staff to oversee the self-administration of medication. See waiver for details\*\**

Does he/she have seizures?  YES  NO

If YES, how often and what length? \_\_\_\_\_

Has he/she ever stopped breathing during a seizure? \_\_\_\_\_

Does he/she wear head protection? \_\_\_\_\_

If otherwise instructed, 911 will be called if he/she is experiencing a seizure.

Does he/she have any dietary restrictions?  YES  NO

If YES, please list:

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**PRN LIST**

The following “PRN” (as needed) medications will be offered at The Village Centers. Discuss with your physician if not all are appropriate. If you object to any of these medications, please make one line through the medication, then date and initial beside it. Please sign at the bottom to acknowledge this list, and make sure the physician signs as well. **Should you need other PRN medication, or a different dose than specified, then you must bring in a physician’s order** (please see the nurse for a blank form) and the medication that is being prescribed to be used.

<b>Medication</b>	<b>Used for...</b>	<b>Dosage</b>	<b>Calls to Nurse</b>
Acetaminophen 500mg	Fever/Pain	1-2 tabs every 6hrs as needed Ages 12+ only	Call home to ensure not already taken. Call nurse for fever.
Ibuprofen 200mg	Fever/Pain	1-2 tabs every 6hrs as needed Ages 12+ only	Call home to ensure not already taken. Call nurse for fever.
Diphenhydramine HCL (Benadryl)	Sneezing, itchy, watery eyes, runny nose – <u>separate order needed for any other type of allergy</u>	2-4 tsp (10-20ml) for ages 12+ 1-2 tsp (5-10ml) for ages 6-12	Call home to ensure not already taken. Call nurse if 1 <sup>st</sup> dose not effective.
Chloraseptic Lozenges	Sore throat/Cough	Dissolve 1 lozenge in mouth every 2hrs as needed	Call if not effective.
Regular Strength Pink Bismuth (Pepto Bismol)	Heartburn, indigestion, nausea, upset stomach, diarrhea	2 tbsp (30ml) every 1 hour as needed x 2 doses Ages 12+ only	Call prior to assisting with dose. If diarrhea continues after 2 does, individual needs to go home.
Peroxide	Cuts & Scrapes	Apply a small amount over the wound using a cotton ball	Basic First Aid
Triple Antibiotic Ointment	Cuts & Scrapes	Apply a small amount to the cut/scrape	Basic First Aid
A&D Ointment	Skin Rash	Apply a thin layer to skin rash	Basic First Aid
Sunscreen Lotion 30+ SPF	Outdoor sun protection	Minimum of 30+ is available	No need to call prior to use.

Physician’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge the above PRN medications that are offered at The Village Centers. I understand that the guidelines above will be followed at The Village and should I need other treatments or medications, I must supply The Village nurse with an order from my physician, as well as the medication prescribed in its original container.

Signature of Individual: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)



**MEDICATION SELF-ADMINISTRATION WAIVER**

I hereby  **give permission** /  **do not give permission** to The Village Centers personnel to oversee the self-administration of medication by my Villager \_\_\_\_\_ (name) according to the instructions below. I understand that The Village Centers personnel may/may not be certified as a registered nurse; however, I consent to allowing their oversight of medical administration to my Villager. I acknowledge that The Village Centers is to incur no liability, except for willful and wanton conduct, arising from the self-administration of medication or use of an epinephrine auto-injector by my Villager. I further waive any claims against The Village Centers, its members of the Board of Directors, its employees and agents arising out of the self-administration of said medication or use of an epinephrine auto-injector. I agree to hold harmless and indemnify The Village Centers, the members of the Board of Directors, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs and expenses, including attorney's fees, resulting from or arising out of the self-administration of medication or use of such epinephrine auto-injector. With respect to client's self-administration of asthma medication or use of an epinephrine auto-injector, this waiver and indemnification are not applicable to willful and wanton acts to the extent required by law.

**Medication for self-administration while at the Village Centers:**

1. RX Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

2. RX Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

3. RX Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

**For asthma medication or epinephrine auto-injector only.**

I consent to my Villagers possession and unsupervised self-administration of asthma medication:

YES       NO

I consent to my Villagers possession and unsupervised use of his/her epinephrine auto-injector:

YES       NO

Printed Name: \_\_\_\_\_ Guardian Signature: \_\_\_\_\_

Phone#: \_\_\_\_\_ Date: \_\_\_\_\_



**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

I hereby  **authorize** /  **do not authorize** The Village Centers staff and agents to transfer my Villager to any reasonably accessible hospital should a situation occur that deems this action necessary. I give permission to those administering emergency treatment to do so using measures deemed necessary. I absolve The Village Centers from liability in acting on my Villager's behalf in this regard.

I understand that this authorization is given to provide authority and power on the part of The Village Centers employees or representatives to give specific consent to any diagnosis, treatment, or hospital care, which, in the judgement of a licensed physician is deemed advisable.

**Insurance Information**

**Primary Insurance:**

Company: \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_

ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Primary Insured Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Secondary Insurance:**

Company: \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_

ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Primary Insured Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PLEASE MAKE A COPY OF ALL INSURANCE CARDS (FRONT & BACK) AND PASTE OR TAPE HERE**

PASTE OR TAPE HERE

PASTE OR TAPE HERE



## EMERGENCY CONTACT INFORMATION

In the event of the absence of a Parent/Guardian, the undersigned designated the following person(s) to be legally responsible in the case of a medical or other emergency.

This person must have permission to approve medical treatment for (name of Villager) \_\_\_\_\_, be present at The Village Centers within two hours of being notified, and assume all medical responsibility for said person. This person will also be on call for other emergencies.

Name		Relationship(s)	
Address	City	State	Zip
Home #	Cell #	Business #	

I accept responsibility for \_\_\_\_\_ as outline above.  
Name

Responsible Party (Print & Sign)	Date
Parent/Guardian (Print & Sign)	Date



## MEDICATION POLICY

Attached is a Physician Medication Order for Villagers who require medication to be administered by a Licensed Medical Professional while attending The Village Centers. This form ***\*must be completed entirely by a Physician.\**** This order must be in place before we will assist with dispensing any medication to the individual for which it is prescribed. No exceptions can or will be made to this policy.

The Physician Medication Order will be ***\*valid for one year from the date it is signed by the Physician.\**** If there are any changes in medication or dosage, a new order must be obtained before we will assist in dispensing the medication.

Staff at The Village Centers cannot assist in dispensing the first dose of a newly prescribed medication. This policy is in effect for liability purposes in the event any effect or reactions occur as a result of taking the first dose of a newly prescribed medication. If your Villager is scheduled to start taking any new medications and/or new dosage of an existing medication at home, please notify The Village Centers Nursing Department in advance of the change. Depending on the medication, the Villager may be required to remain at home for the first 24 hours after starting the new medication or dosage so side effects may be monitored in the home environment.

All medication must be in the original containers/blister packs and must coincide with the written Physical Medication Order. To avoid having medications travel back and forth daily, a “school dose” bottle/blister pack may be obtained from the pharmacy – (ask your Physician to indicate this specifically when they write the prescription).

If the Villager is prescribed any medication not taken by mouth, such as a G-Tube or special medications (i.e. Diastat), please contact The Village Centers Nursing Department at 281-358-6172 to obtain an alternative Physician Medication Order form pertaining to these types of medication.

*Members of the nursing department in combination with The Village staff are committed to ensuring the personal growth and life enrichment of the individuals we serve. Thank you for assisting us with this goal by making certain the nurse and staff are able to dispense all necessary medications in a safe and proper manner. Please sign below that you have read and understand this information. If you should have additional questions, please call the nurse at 281-358-6172.*

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Print Name

Signature

Date





## DISMISSAL/SUSPENSION POLICY

It is the policy The Village Centers to temporarily suspend or dismiss a Villager in the following circumstances:

Upon direct orders of a physician.

Upon the repeated violation of circumstances stated in the Behavioral Policy in the Program Handbook.

As deemed necessary by the Chief Executive Officer and/or Operations Manager due to safety issues.

If services and activities beyond those normally provided are needed.

If the client becomes a threat to the health and safety of his/herself or others; including but not limited to:

- Wandering or running away
- Consistent non-compliant behavior
- Throwing objects
- Biting, scratching, kicking, fighting
- Refusal to take prescribed medications
- Inappropriate sexual behavior
- Verbal abuse
- Destruction of property
- Persistent aggression (verbal and/or physical)
- As per conditions outlined in The Village Centers Behavioral Policy
- Requested voluntary discharge by the client, family, or legal guardian

The Village reserves the right to discharge an individual at any time without prior notice for safety reasons. The following are examples only and reasons are not limited to those listed:

- Elopement
- Physical harm to self or others
- Physical aggression
- Threatening behavior including verbal threats

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Villagers Signature

Date

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Parent/Guardian Signature

Date



**CONSENT TO RELEASE INFORMATION**

If the Villager is **his or her own legal guardian**, please have them complete the following information below.

I authorize The Village Centers, Inc. to disclose any information to the individual(s) listed below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

This authorization for release of information will remain in effect until such time as I no longer attend The Village Centers or inform The Village Centers of a new caregiver and sign a new form.

I understand that I have the right to revoke this authorization at any time.

Villager's First Name: \_\_\_\_\_ Villager's Last Name: \_\_\_\_\_

Signature of Villager: \_\_\_\_\_

Printed Name of Caregiver: \_\_\_\_\_

Relationship of Villager: \_\_\_\_\_

If the Villager is **NOT his or her own legal guardian**, The Village Centers will need a current copy of the Guardianship paperwork to place in their file. This will need to be submitted each year at the time of the Villager's birthday. Please send all guardianship paperwork to the attention of the Admissions Department. If you have any questions or concerns, please contact the Admissions Manager at 281-358-6172.

**CONSENT TO RECEIVE SERVICES**

YES  NO I give The Village Centers permission to contact my Medicaid Waiver Provider to obtain benefit information as it pertains to services provided by The Village Centers.

YES  NO I give consent to receive day habilitation and social/recreational services provided by The Village Centers, with the exception of the following activities/services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Villager or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### COMPLAINT PROCESS

We strive to provide the best quality of services. If you are not satisfied with our services, you have the right to file a complaint. Complaints can be reported orally or written. All complaints will be investigated within 7 days of receipt. If you are not satisfied with the results, you have the right to file for an appeal. An appeal can take up to 30 days for resolution for obtaining additional documents to support the investigation.

If The Village Centers is unable to resolve the complaint or if you are dissatisfied with the results, you may also file a complaint with the Operations Manager or CEO at The Village Centers.

### RIGHTS

1. You have the same rights of all citizens.
2. You have the right to vote.
3. You have the right to be free from abuse or neglect.
4. You have the right to make your own decisions.
5. You have the right to choose your own services and provider.
6. You have the right to change provider if you are not happy with their services.
7. You have the right to choose your own goals.
8. You have the right to refuse medications.
9. You have to right to request your records.
10. You have the right to cancel services any time.

If you are not satisfied with services or you think someone has violated your rights, you should contact the Operations Manager or CEO at 281-358-6172. You may also call Consumer Rights at 1-800-252-8154 and/or Consumer Rights and Services, Texas Department of Aging and Disability Services at 1-800-458-9858

Please sign below to confirm that you have read and understand the Complaint Process and Consumer Rights:

Signature of Guardian or Villager: \_\_\_\_\_

Printed Name of Guardian or Villager: \_\_\_\_\_

Guardian Relationship to Villager: \_\_\_\_\_ Date: \_\_\_\_\_

Villager's Name: \_\_\_\_\_ MRN/LCN: \_\_\_\_\_



**PERSONAL LUNCH AND SNACK STORAGE POLICY**

Villager's attending The Village Centers have the choice to put their lunch either into a locked refrigerator, or on the designated shelf in their assigned classroom. If the decision is made to not place their lunch in the locked refrigerator, The Village Centers will not be held responsible if the lunch is taken or missing. The family of the Villager whose food is taken will be called to replace the missing meal/snack.

I have read and understand this policy: \_\_\_\_\_

Date: \_\_\_\_\_



## **DRESS CODE**

The dress code is expected to be in keeping with accepted community and workplace standards. The following statements are guidelines:

- Shoes must be worn at all times. Shoes should be closed-toed and should have a flat sole. Heels and wedges are not permitted. Flip flops are highly discouraged.
- Villagers may wear regular shorts but must meet the following standards:
  - Must be loose-fitting; no biking shorts, cutoffs, boxer shorts, or combination thereof
  - Must be hemmed or cuffed
  - Length must be longer than fingertips
- Dresses or skirts must be longer than fingertips.
- Tube tops, halter tops, and mesh shirts are not permitted. Tank tops should have straps at least three (3) fingers wide and should be modestly cut.
- Sun dresses will be permitted if modestly cut.
- Shirts must overlap the waistband of skirts, shorts, or pants.
- Items with provocative, offensive, violent, or drug-related pictures or words are not permitted inside the building.
- Bandanas and hoods are not permitted. Hats, caps, and sunglasses are generally not permitted inside the building.
- No clothing that has been torn or has holes is permitted.
- No sagging pants or shorts are permitted
- No gang paraphernalia is permitted.

Villagers who do not follow this dress code will be asked to change clothes. If The Village Centers does not have appropriate clothing on hand, the parent/guardian/caretaker may be asked to bring extra clothing or to pick up the Villager early.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**AUTHORIZATION FOR TRANSPORTATION**

I, \_\_\_\_\_ (name), am the (Parent/Guardian) of  
\_\_\_\_\_  
\_\_\_\_\_ (name).

I  **authorize** /  **do not authorize** The Village Centers staff or representatives my permission to transport  
\_\_\_\_\_ (name) to The Village Centers authorized  
activities. I understand The Village Centers staff or representatives are required to have a minimum amount of  
drivers insurance in order to transport and this insurance shall be used first should a situation arise. I understand that The  
Village Centers also covers additional drivers/accident insurance that shall be used additionally should a situation  
be deemed necessary.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **FITNESS PROGRAM INFORMED CONSENT AND WAIVER RELEASE**

I consent to voluntarily participate in the exercise/fitness programs, exercise classes, and health & fitness enhancement events, which include, without limitation, any use of premises, facilities, or equipment (the “Programs”) administered by The Village Centers.

I understand the risks involved in my participation in the Programs, and agree to cease my participation in them or any specific exercise if I feel that such participation is too strenuous or places me at specific risk of injury.

In no event shall The Village Centers, its officers, employees, or agents be held liable for any personal injury, death, or property loss or damage sustained resulting from my participation in any/all activities in connection with The Village Centers Fitness Program.

I also hereby release all those mentioned, and any other acting upon their behalf, from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned, or others acting on their behalf or in any way arising out of or connected with my participation in any activities or the use of any equipment provided by The Village Centers.

Unless amended by mutual agreement, this instrument shall remain binding and in effect as long as I am a participant in the Program.

I grant The Village Centers, its representatives and employees the right to take photographs of me in connection with the Programs. I authorize The Village Centers, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that The Village Centers may use such photographs of me with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and web content.

Villager Signature: \_\_\_\_\_

Print Villager Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## PERSONAL PROPERTY RELEASE

I acknowledge and agree that The Village Centers and its agents, employees, representatives, volunteers, and assigns shall not be liable for any loss, breakage, or theft of personal property and I, on my own behalf and on behalf of (Villager Name) \_\_\_\_\_, release The Village Centers parties of any liability for loss or theft of any personal property in connection with their participation in any Village Centers activity. By signing this release, I understand that personal equipment and property is brought in at my own risk. I also understand that if anything happens to my property that The Village Centers cannot be held liable.

Villager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VLC Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**PHOTOGRAPHY/VIDEO RELEASE CONSENT FORM**

I, \_\_\_\_\_, do hereby authorize and grant the absolute right and permission to The Village Centers, Inc. to use, store, copyright, copy, and publish photographs, pictures, videos, or motion pictures of me and/or my child, including composite pictures of which I or my child may be included, in whole or in part, including the use of my name and/or my child's name, to be used in any format such as electronic or printed publications and materials (which may be produced by a studio), for art, advertising, marketing, editorial, trade materials, or for any other lawful purpose whatsoever. All right, title, and interest in and to the photographic images of me or my child, any pictures, video, or motion pictures of me and/or my child shall be the sole property of The Village Centers, Inc., free from any claims whatsoever by me or any other person. I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection with my image or the image of my child. I hereby waive any right that I may have to compensation from The Village Centers, Inc. for the use of photographic portraits or pictures, videos or motion pictures of me or my child, or use of my name or my child's name; and I hereby waive any and all claims arising from rights to privacy for me or my child in connection with the use of my photographs, pictures, videos, or motion pictures of me or my name or my child's photographs, pictures, videos, or motion pictures or name by The Village Centers, Inc.

I understand that the photographs will be the property of The Village Centers, Inc. and will be credited to The Village Centers, Inc. for all journalistic purposes.

\_\_\_\_\_  
Name Relationship to Client (if applicable)

\_\_\_\_\_  
Client Name Client's Date of Birth

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Email Address Phone Number

\_\_\_\_\_  
Signature of Photo Subject or Parent/Guardian Date



**APPROVED PICK-UP / RELEASE FORM**

I, \_\_\_\_\_ agree that the following person(s) can pick up my child/loved one  
\_\_\_\_\_ from the Village Centers in my absence. I  
also understand that anyone on the approved pick up list may be asked to present a valid ID to be able to pick my child up.

NAME	RELATIONSHIP

I understand that unless it is the person(s) listed above, or myself, my child will not be released from the Villagers care. We will need to be notified in advance if anyone who is not listed above will be picking up your Villager.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Village Representative Signature

\_\_\_\_\_  
Date



## INTERENT AND ELECTRONIC MAIL PERMISSION FORM

We are pleased to offer access to our Computer Lab network for access to the Internet. To gain access to the Internet, all clients must obtain parental permission and return this form. Access to the Internet will enable Villagers to explore varying subjects, libraries, databases, and bulletin boards while exchanging messages with Internet users in our local community.

Families should be warned that some material accessible via the Internet might contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. While our intent is to make Internet access available to further educational goals and objectives, Villagers may find ways to access other materials as well.

We believe that the benefits to Villagers from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any disadvantages; but ultimately, parents and guardians are responsible for setting and conveying the standards that their individual should follow when using media and information sources. To that end, The Village supports and respects each family's right to decide whether or not to allow their individual access.

### The Village Computer Lab Internet Rules:

Users are responsible for good behavior on computer networks. Communications on the network are often public in nature. The network is provided for use to conduct research and communicate with others. Access to network services is given to users who agree to act in a considerate and responsible manner. Parent permission is required. **Access is a privilege – not a right.** Access entails responsibility. Individual users of the computer networks are responsible for their behavior and communications over those networks.

The following are not permitted:

- Sending or displaying offensive messages or pictures
- Using obscene language
- Harassing, insulting, or attacking others
- Damaging computers, computer systems, or computer networks
- Violating copyright laws
- Using another's password
- Trespassing in another's folders, work, or files
- Intentionally wasting limited resources
- Employing the network for commercial purposes

**Violations may result in a loss of access.**

### User Agreement and Parent Permission Form:

As a user of The Village Computer Lab network, I hereby agree to comply with the above stated rules – communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

Villager Signature: \_\_\_\_\_

As a parent or legal guardian of the individual signing the above, I grant permission for him/her to access networked computer services such as electronic mail and the Internet. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use – setting and conveying standards for my Villager to follow when selecting, sharing, or exploring information and media online.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Villager: \_\_\_\_\_ Date: \_\_\_\_\_