



FOSTER CHILD REGISTRATION / INFORMATION FORM

FOSTER FAMILY INFORMATION - Please Use Full Names

TODAY'S DATE: _____

Foster Father's Full Name: _____

Foster Mother's Full Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Alternate (i.e. cell) Phone _____

Preferred Language: _____ Do you require an interpreter? Yes No

Email: _____

FOSTER CHILDREN INFORMATION

1. Foster Child's Full Name: _____ Date of Birth: _____ Nickname: _____

Date this child was placed in your home: _____

Sex: Male, Female; Race: Am. Indian, Asian, Black or African American, Hispanic, White; Other: _____

2. Foster Child's Full Name: _____ Date of Birth: _____ Nickname: _____

Date this child was placed in your home: _____

Sex: Male, Female; Race: Am. Indian, Asian, Black or African American, Hispanic, White; Other: _____

3. Foster Child's Full Name: _____ Date of Birth: _____ Nickname: _____

Date this child was placed in your home: _____

Sex: Male, Female; Race: Am. Indian, Asian, Black or African American, Hispanic, White; Other: _____

PERSON RESPONSIBLE FOR INSURANCE (PRIMARY)
Policy Holder: _____
Home Address: _____
City: _____, State: _____, Zip: _____
Phone: _____
DOB: _____, Relationship to patient: _____

PERSON RESPONSIBLE FOR INSURANCE (SECONDARY)
Policy Holder: _____
Home Address: _____
City: _____, State: _____, Zip: _____
Phone: _____
DOB: _____, Relationship to patient: _____

CASEWORKER/NURSE INFORMATION

Caseworker: _____ Phone: _____

FHC Nurse: _____ Phone: _____

FOSTER PARENT'S RESPONSIBILITIES

I understand that it is my responsibility to bring the Shelter/Foster Placement Verification and Medical Authorization Letter (form TR-01) naming me as the temporary guardian to each visit. I understand that it is my responsibility to provide the Medicaid card or MI-706 form for payment at the beginning of each visit. I understand that it is my responsibility to immediately respond to any requests for additional information by Utah Valley Pediatrics regarding my foster child(ren).

Foster Parent Signature: _____

Date: _____

CONSENT FOR TREATMENT

I hereby consent to medical treatment, diagnostic tests, laboratory or other procedures, as authorized by *Utah State Law, which the physician(s) or other health care provider(s) of UVP may consider or advise in treatment of my foster child(ren). This agreement will remain in effect until I choose to revoke it in writing.

Foster Parent Signature: _____

Date: _____

NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of Utah Valley Pediatrics' NOTICE OF PRIVACY PRACTICES and that it is my responsibility to read said notice to understand how my or my foster child(ren)'s Protected Health Information (PHI) may be used.

I understand that no authorization is required from me in order for UVP to use my or my foster child(ren)'s PHI for purposes of treatment, payment, or health care operations. Other uses or disclosures may require my written authorization.



Foster Parent Signature: _____

Date: _____

PHARMACY INFORMATION

Name of Preferred Pharmacy: _____ Location: _____

*Utah's Division of Child and Family Services Out-Of-Home Care Practice Guidelines

Practice Guidelines

- A. Regular medical / dental / mental health procedures: A caseworker or out-of-home caregiver can sign consent forms giving permission for a child in out-of-home care to be seen by a medical provider for regular medical, dental, mental health assessments, screenings, check-ups, testing, or follow-ups.
- B. Major Medical, Surgical, or Psychiatric Treatment: Some medical procedures carry risks of complications and even death. The following are considered to be major medical, surgical, or psychiatric treatment: administration of general anesthesia; IV sedation with any type of treatment; Electroconvulsive therapy (ECT); inpatient hospitalization for any reason; or an involuntary commitment of a child. Caseworkers should consult with the child's medical, dental, or mental health provider recommending the treatment, as well as the Fostering Healthy Children nurse team member for clarification of whether a recommended treatment meets these criteria.
- C. For questions regarding the guardianship status of a child placed in out-of-home care, caseworkers will refer to the court order that places the child in Child and Family Services custody or consult the Assistant Attorney General assigned to the case.
 1. A parent that retains guardianship: If a parent retains guardianship, the parent must consent to major medical, surgical, and psychiatric treatment. The parent should be asked to sign consent if the child requires any of the major medical, surgical, or psychiatric treatments defined above.
 2. If custody or guardianship has been granted to Child and Family Services: It is not legally required for the parent to give consent for major medical, surgical, or psychiatric treatment (even in instances when parental rights have not been terminated). For these types of situations, a Child and Family Services caseworker is the most appropriate person to sign consent. However, it is an expectation and best practice that caseworkers will discuss necessary medical procedures with the parents prior to treatment, when possible. In most cases this should be done within the context of a Child and Family Team Meeting. If a parent objects to the proposed medical treatment, the caseworker should consult with the Assistant Attorney General.
 3. If a Parent's rights have been terminated: Child and Family Services is not required to gain parental consent for major medical, surgical, or psychiatric treatment. The caseworker may sign the consent form OR they may consult with the Assistant Attorney General and have the procedure court ordered.
 4. Parent refuses to sign: If it is recommended that the child needs a major medical, surgical or psychiatric treatment, and the parent refuses to sign the consent form, the caseworker is to consult the Assistant Attorney General. Depending on the type of treatment required, it may be determined that there is a need to have the major medical, surgical, or psychiatric treatment court ordered.
 5. Emergency situations: In emergency type situations, Child and Family Services is not required to gain parental consent for major medical, surgical, or psychiatric procedures. Utah State statute clarifies that whoever has legal custody has the right, in an emergency, to authorize surgery or other extraordinary care. However, when parental rights remain in place and time permits, it is best practice for Child and Family Services to attempt to inform the parent prior to the procedure regardless of who has guardianship.
 - a. During regular business hours, when a child requires medical attention which includes major medical, surgical, or psychiatric treatment, and a parent retains guardianship, the Child and Family Services caseworker or other appropriate Child and Family Services staff member should be contacted and should attempt to locate the parents to sign consent. If the child's parents cannot be located in time to sign and give consent, the caseworker will attempt to contact the Assistant Attorney General and request that the procedure be court ordered.
 - b. If time does not allow for the parent to sign or for the procedure to be court ordered due to the urgency of the child's medical needs, the caseworker will need to sign consent and inform the child's parents, Assistant Attorney General, Guardian ad Litem, and judge as soon as possible.
 - c. Although very rare, if time does not allow for the caseworker or other Child and Family Services staff to appear to sign consent for the major medical, surgical, or psychiatric treatment due to the seriousness of the emergency, Child and Family Services may give verbal consent for the treatment and permission for the out-of-home caregiver to sign consent.
 - d. In regards to an emergency during after-hours, weekends, or holidays, if the Child and Family Services caseworker is not able to be contacted by the out-of-home caregiver to sign consent, the out-of-home caregiver will contact Intake to locate the primary caseworker or the on-call worker for their area. If unable to locate the primary caseworker, the Child and Family Services on-call worker will be asked to appear and sign consent for the major medical, surgical, or psychiatric treatment. If time does not allow for the Child and Family Services on-call worker to sign consent, the Child and Family Services on-call worker may give verbal consent and permission for the out-of-home caregiver to sign consent. The out-of-home caregiver is to inform the caseworker of the emergency as well as who signed consent (Child and Family Services on-call worker or out-of-home caregiver), as soon as possible. The caseworker will inform the child's parents, Assistant Attorney General, Guardian ad Litem, and judge about the emergency as soon as possible.
 - e. In all cases, if it is necessary in an emergency for the out-of-home caregiver to sign consent for major medical, surgical, or psychiatric treatment, the out-of-home caregiver will only sign consent after receiving verbal consent from the primary caseworker or the Child and Family Services on-call worker. The primary caseworker will then have the responsibility to inform the child's parents, the Assistant Attorney General, Guardian ad Litem, and judge as soon as possible.
 6. If a child in out-of-home care has been recommended to participate in any research trials or protocols, the caseworker will refer to Administrative Guidelines Section 080.7 for the correct protocol.

OFFICE USE ONLY:

Verify ID Type: _____ Employee Signature: _____ Date: _____
(Driver's License, Passport, etc.)