



## General Release

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Participant Name: \_\_\_\_\_

By participating in All Generations Adult Day Centers' Services:

- I understand that an individual care plan will be developed for me with my input and with help from my caregiver and others that I choose.
- I understand that I have the right to leave All Generations Adult Day Centers' Services at any time I choose.
- I give my permission to ride in vehicles driven by All Generations Adult Day Center staff.
- I give my permission for All Generations Adult Day Centers' staff to seek emergency medical and/or hospital care if I or my caregiver or guardian are not able or available to give permission. I understand that I will be responsible for the cost of such medical services.
- I understand that it might be necessary for an All Generations Adult Day Centers' staff person to explain to potential or current employers, medical personnel, utility companies, landlords, etc., that I am a participant of All Generations Adult Day Center. Staff may have to give some information about me such as my address, phone number, age, etc.
- I understand that no specific information about me or any information given to All Generations Adult Day Center in confidence will be sent outside of the agency without my written permission. (EXCEPTION: Information about me will be reported to agencies funding my services as long as I am receiving All Generations Adult Day Centers' Services.
- I give my permission to communicate and send information to my family (i.e., phone conversations, progress reports, medical information).  Yes  No \_\_\_\_\_  
Initials
- I received the All Generations Adult Day Centers' Participant Handbook and understand and agree with my responsibilities to All Generations Adult Day Center. I also understand the service(s) that I will be receiving.
- I understand that no form of restraint will be used unless necessary to protect me from immediate harm to myself and/or others.
- I give All Generations Adult Day Center permission to assist me with support as outlined in my plan.
- I have reviewed my rights and responsibilities with All Generations Adult Day Centers' staff from the Participant Handbook.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver/Guardian (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date