

**VAN ZANDT COUNTY JUVENILE PROBATION DEPARTMENT
MEDICAL AUTHORIZATION**

Name of Child _____
 Name of Parent/ Legal Guardian _____
 Name of Person Giving Consent _____

I do further, hereby request and authorize the staff of the Van Zandt County Juvenile Probation Department/Detention Center to give prescription medication to my child as ordered by a licensed physician. Non-prescription medication may be administered to my child, as needed at the discretion of probation and/or detention personnel.

I do hereby agree to save, hold harmless and indemnify the Van Zandt County Juvenile Probation Department/Detention Center of and from any all claims, demands, and causes of action whatsoever on account of or in any way resulting from or to result from the authorizing by the Van Zandt County Juvenile Probation Department/Detention Center of such medical services.

Non-Prescription Medications:

Authorized:	Staff Initials	Parent/Guardian Initials
Ibuprofen	_____	_____
Pink Bismuth	_____	_____
Non-Aspirin Pain Reliever	_____	_____
Triple Antibiotic Ointment	_____	_____
Hydrogen Peroxide	_____	_____
Isopropyl Alcohol	_____	_____
Calamine Lotion	_____	_____
Vaseline	_____	_____

Prescription Medications: (list all Meds) _____

Physician Name: _____ Phone Number: _____

Parent/ Legal Guardian Signature _____ Date/Time _____

Van Zandt County Juvenile Supervision Officer **(Circle One)** Received / or Witnessed Signed Consent Form

_____ J.S.O Date/Time _____

I, _____ (PRINT NAME LEGIBLY), position _____ have given an explanation of the contents and authorization on this form as he/ she as not available to the person stated in "Person giving consent". The person verbally gave me the consents and authorizations on this form as he/she as not available in person to execute this form as required by Van Zandt county Juvenile Probation Department. The person has authorized me to enter the above information. I requested the person to appear and sign this form.

Signed _____ Date/Time: _____

PARENT/GUARDIAN CONSENT FOR MEDICAL, DENTAL, PSYCHOLOGICAL & TREATMENT

Name of Child, a minor: _____

Name of Parents: _____

Name of Managing Conservator or Guardian, if any: _____

Name of Person giving consent: _____

Relationship of person giving consent for minor (circle your relationship to the minor) PARENT LEGAL GUARDIAN ADULT
TEXAS FAMILY CODE- SECTION 32.001 (A)(5), relationship: _____, with the document copy attached:

1. I have authority to consent to medical, dental, psychological, and surgical services and treatment for this minor.
2. I know and agree what when this document says VZCJPD, the Van Zandt County Juvenile Probation Department may act through Director of Juvenile Services, Robert Colacino, and the designated Health Care Services employees under his direction.
3. I consent to medically necessary medical, dental, psychological, and surgical services and treatment for this minor for the period of custody beginning _____, 20____ in the VZCJPD Probation Department, Detention Center or Residential Facility.
4. I provide the information about medical and dental benefit plans and insurance for use if services or treatment are needed. In all other cases, this information is confidential, unless I consent to the release of the information for other uses.
5. I authorize the medical provider to provide this minor with medically necessary X-ray examination, laboratory testing, anesthetic, medical, surgical, dental procedure or treatment and hospital care. The procedures, treatment and care must be provided under the general supervision and on the advice of a physician or dentist licensed by the laws of Texas.
6. I authorize the VZCJD to obtain medically necessary X-ray examination, laboratory testing, anesthetic, medical surgical, dental procedure or treatment and hospital care for this minor, and to administer medication and treatment to this minor as directed and as prescribed by a licensed physical or dentist.
7. I consent to medical, psychological and dental providers releasing to the VZCJPD the information regarding the services, treatment, and medication provided the minor during custody; and VZCJPD is authorized to receive the information as needed.
8. I understand that I may revoke any or all of the provisions of this document, except to the extent that action has been taken in reliance on it, if I give a written and signed document to VZCJPD describing the provision(s) to be revoked.

Signature of Authorizing Consenting Person

Date

Phone # Home Work

Address

Is the child covered by a medical and/or dental benefit plan, insurance company, Medicaid, etc? _____ If "Yes" give:

Responsible party(s) carrying coverage: _____ S.S. # _____

Employer: _____ Primary Physician: _____

Insurance Company/HMO/PPO: _____

Group/Policy Number: _____ Address of Claim Office: _____

Medicaid PCA #: _____ Primary Physician: _____

Medicaid HMO Blue#: _____ Primary Physician: _____

Medicaid Foundation Health #: _____ Primary Physician: _____

Signature of Authorizing Consenting Person

Date

Phone # Home Work

Address

Witness

Relation/Position

Date

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I, _____ print name legibly, position _____ have given an explanation of the consents and authorizations to the person stated in "Person giving consent". The person verbally gave me the consents and authorizations on this form as he/she as not available in person to execute this form as required by VZCJPD. The person has authorized me to enter the above information. I requested the person to appear and sign this form.

Signed: _____

Date/Time: _____

VAN ZANDT COUNTY JUVENILE DETENTION CENTER (903) 962-6292
VISITATION RULES/PHONE CALLS

1. **Initial Visit:** Parents or legal guardians (only) may have one ten-minute initial non-contact visit within the first 24 hours of detainment. The ten-minute visit will be scheduled not to interfere with the daily activities. No visits shall be allowed during bedtime hours. An initial visit may be denied if there is a reason to believe the child's safety or the security of the facility could be in jeopardy.
2. Visits are limited to 30 minutes for each child.
3. Only members of the immediate family are allowed to visit. This includes parents, legal guardian, or spouse (with marriage license). Only two adults will be allowed to visit a child at one time.
4.

<u>Visiting Days & Times:</u> <u>DETENTION:</u> <u>Saturday Only</u> 9:00 a.m. - 11:00 a.m. 12:30 p.m. - 2:00 p.m. <u>Sunday (extra visit)</u> 12:30p.m.-2:00p.m. <u>***No visitors under 18 years of age.</u> <u>HIGH PRIDE:</u> <u>Tuesday</u> 6:30 p.m. - 8:00 p.m. <u>Sunday</u> 9:00 a.m. - 11:00 a.m. <u>Thursday (extra visit)</u> 6:00 p.m. - 8:00 p.m. <u>***All approved family members will be allowed to visit.</u>	<u>Phone Call Days & Times</u> <u>DETENTION:</u> <u>Monday</u> 6:00p.m.-8:00p.m. <u>Friday</u> 6:00p.m.-8:00p.m. <u>Tuesday Level 4's Only</u> 6:00p.m.-8:00p.m. <u>HIGH PRIDE:</u> <u>Monday</u> 6:00p.m.-8:00p.m. <u>Friday</u> 6:00p.m.-8:00p.m. <u>Tuesday Level 4's Only</u> 6:00p.m.-8:00p.m.
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5. Approved visitors may visit with a child in the Detention Program on Saturday's only; and in the High Pride Program on Tuesday and Sunday.
6. Personal belongings will **not** be allowed in the visitation area (**purses, cell phones, weapons, pictures, etc.**)
7. No eating, drinking, or smoking is allowed during visits. We furnish everything your child will need during his/her stay. Therefore, we ask you **NOT** to bring treats or snacks.
8. All visitors must abide by the rules and policies of the Detention Center. No loud or disorderly behavior will be tolerated. Detention staff may terminate the visit anytime he/she feels it is necessary.
9. Intoxicated individuals are not allowed to visit.
10. No children shall be permitted to have visitors unless the child is clean and neatly dressed.
11. Any attempt by the child or his/her visitors to smuggle contraband into the Detention Center shall result in the loss of visitation privileges.
12. Special visits must be approved by the Detention Supervisor.
13. All residents that have maintained level 4 status for 5 days shall attain an extra phone call on Tuesday between 6:00p.m.-8:00p.m. and an extra visitation on Sunday 12:30 p.m.-2:00p.m.

VAN ZANDT COUNTY JUVENILE PROBATION DEPARTMENT

HIGH PRIDE PROGRAM

CONSENT TO PARTICIPATE IN PROGRAM

In connection with the Van Zandt County Juvenile Probation Department High Pride Residential Treatment Program, we the undersigned parents or guardian of _____, minor understand and agree that participation in this program by my child will involve a wide variety of Programs that will consist of but not limited to camping trips, fishing trips, outings in the park, extra-curricular activities at the school, work assignments, attend movies, etc. and do hereby release and agree to hold harmless the Van Zandt County Juvenile Probation Department, it's employees, agents, and/or affiliates from and against any clam for personal injuries or damages that might arise out of our child's participation in this program, or any alleged negligence on their part for conducting the program or allowing us or our child to participate in it.

Signature of Parent/Guardian

Date

Witness

Date

**VAN ZANDT COUNTY JUVENILE PROBATION DEPARTMENT
DETENTION PROGRAM
APPROVED VISITATION LIST / APPROVED PHONE AUTHORIZATION LIST**

APPROVED VISITATION LIST:

NAME	RELATIONSHIP	PHONE NUMBER

APPROVED PHONE AUTHORIZATION LIST:

NAME	RELATIONSHIP	PHONE NUMBER