



Parental Consent for Participation in Safe Families for Children

(Maine: 18-A MRSA §5-104, sub-§(a), PL 2011, c. 43, §1,) Appointment of Short-Term Legal Guardian and Power of Attorney for Health Care of a Minor Dependent

Dear _____ (Host Family),

Thank you so much for being willing to care for my child _____. His/her date of birth is _____. I, _____, residing at _____, am the custodial parent of this child and am giving permission for you to care for him/her (short-term guardian, temporary custodian) beginning _____ (date to start). I should be ready to have my child back by _____ (estimated end date-may not exceed 365 days) at which time this agreement will end unless I ask (and you are willing to) to allow this agreement to continue. I understand that I maintain full and complete custody of my child and am welcome to request my child back at any time.

With this agreement, I give you permission to:

- Administer prescription and non-prescription medication as medically required.
- Seek emergency and non-emergency medical care for my child on my behalf (be the power of attorney for health care). This includes routine medical visits, diagnostic evaluations, in-patient and outpatient hospitalizations, etc. My child's insurance information is _____ (insurer), _____ (ID #). A copy of my insurance information is provided. I agree to be responsible for any medical costs that are not covered by my insurance.
- Discipline my child in a firm and consistent manner, utilizing individual talks, removal of privileges, or any other non-physical punishment appropriate for his/her developmental level. Spanking or any other forms of physical punishment are not allowed.
- I authorize Safe Families staff to communicate (receive & Exchange information) with (Safe Family parent(s) named above) and any service providers I am involved with confidential information for the purpose of coordinating and optimizing the services provided to me and my child(ren). _____ (initials)
- I understand that I'm responsible to update my family coach as soon as possible with any important changes including phone number, address, and new information about my situation. _____ (initials)

OPTIONAL ITEMS:

- You may take a picture of my child for publication purposes _____ (initials)
- You may take my child out of state on a trip or vacation with notification when this happens _____ (initials)

I pledge to use this time to make the necessary changes to be in a better position to care for my child. This specifically refers to situations that led me to need for my child to stay with you.

I acknowledge that you are offering this service to me out of a spirit of generosity and compassion and that you are not being paid for this act of kindness. Because I know that accidents happen even when adults are vigilant, I also agree, on behalf of myself, _____ (child's name), and the rest of my family, that none of us will hold you, _____ (Host Family), or Safe Families for Children responsible for any accidental injuries or losses of any kind that we may suffer or incur as a result of our family's participation or involvement in the Safe Families for Children program or the stay in your home. I understand that you cannot guarantee the safety of my child. I agree to assume any risks with my child staying in your home. Finally, I acknowledge that my child is staying in your home as a guest and not as a tenant or resident. My child

and I would have to leave your home at any time that you request. I also understand that my child might have to go live with another Host Family in the event you are no longer able to care for him/her. Please let me know when that occurs. My signature affirms my agreement with all the statements above except the optional items I can choose to opt in or not.

Emergency Contact(s)/Authorized individuals for pick up

These following individuals (other than parents or guardians) are willing to accept responsibility for the child and should be contacted if the parents or guardians cannot be reached.

Name _____ Relationship _____
Phone _____ Address _____

Permission to Participant in Outcome Follow-Up Surveys

I/we, _____, the custodial parent/legal guardian, hereby grant permission and consent to Safe Families for Children staff, volunteers, and/or an organization contracted by Safe Families for Children to contact me for purpose of participating in outcome surveys that will measure how Safe Families for Children has impacted my life and the lives of my children, and my satisfaction with Safe Families for Children. I understand that I may be contacted by phone and/or email.

Yes I agree to participate and to be contacted for outcome surveys _____ (initials)

No I do not agree to participate and to be contacted outcome surveys _____ (initials)

Appointing Parent/Guardian Signature

Consenting Parent Signature

Date

Date

Witnesses. Two witnesses need to sign this document.

I saw the parent (or guardian) sign this document. Then I signed this as a witness in the presence of the parent.

Witness 1

Witness 2

Date

Date

I accept temporary guardianship of _____ (child) and will abide by this agreement.

Host Family Signature

Date

**(Note: the signature of the consenting parent is not necessary if one of the following applies: (i) the child's other parent has died; or (ii) the whereabouts of the child's other parent are not known; or (iii) the child's other parent is not willing or able to make and carry out day-to-day childcare decisions concerning the child; or (iv) the child's parents were never married and no court order has issued an order establishing parentage) "Pursuant to Sec. 2, 18-A MRSA §5-104, sub-§(c)(4), Safe Families for Children has conducted and verified that host parents have passed the required background checks. These records indicate that the Host Family and all adult members of the Host Family's household do not have any substantiated allegations of child abuse, neglect or exploitation or any crimes that would disqualify them from hosting my child."*