



Application for Voluntary Admission - Minors

Part I: To be completed by the parent or legal guardian of the minor:

I _____ do hereby apply
on behalf of

Full printed name of parent/legal guardian of minor whose admission is being requested

_____ for admission to _____
Full printed name of minor Name of facility

for observation, diagnosis, care, and treatment of a mental illness, and I certify that the information given on this application is true and correct to the best of my knowledge and belief.

I am making this application for voluntary admission after sufficient explanation and disclosure to me and the minor so we can make a knowing and willful decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion. The reason for admission to this facility is:

As the parent/legal guardian of this minor, I am a competent adult with the capacity to make well-reasoned, willful, and knowing decisions concerning medical or mental health treatment. I understand that I must keep the facility informed of my whereabouts during the time of this admission.

The minor and I have been provided with a written explanation of rights of an individual on voluntary status and they have been fully explained to us. I understand that this facility is authorized by law to detain the minor without my consent for up to 24 hours after I or the minor make a request for discharge from a receiving facility; unless a petition for involuntary placement is filed with the Court as required by law within two (2) court working days of the request for discharge.

I understand that I may be billed for the cost of the minor's treatment.

I give express and informed consent to the admission of the minor.

Printed Name of Guardian Signature of Guardian Date _____ am pm
Time

Printed Name of Witness Signature of Witness Date _____ am pm
Time



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Part II: to be completed by the minor:

I agree with the decision for me to be voluntarily admitted to this facility. This agreement is being given without any element of force, fraud, deceit, duress, or other form of constraint or coercion. I have been provided with a written explanation of my rights and they have been fully explained to me.

Printed Name of Minor

Signature of Minor

Date

Time

am pm

Printed Name of Witness

Signature of Witness

Date

Time

am pm

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I have found this minor to be able to provide assent for voluntary admission to this facility.

Signature of Assessor

Date

Time

am pm

Typed or Printed Name of Professional

No notice of this admission is to be made without the consent of the minor's guardian except in case of an emergency. The original of this signed form must be filed in the clinical record.