



Legal Guardian Agreement with Stomping Ground Ventures, Inc.

Stomping Ground Adult Day Program agrees to provide an adult day program for _____ on _____ from _____ am to _____ pm.
(Participant Name) (Days of Week)

Participant will participate in the following meal plan: *Please circle all that apply.*
Breakfast Lunch Snacks

Before any medication is dispensed to participant, I will provide written authorization which includes date, name of participant, name of medications, prescription #, if any, dosages, date and time of day medication is to be dispensed to the participant. Medicine will be in the original container with the participant's name on it.

Participant will not be allowed to enter or leave the facility without being escorted by the parent(s), legal guardian, person authorized by the legal guardian or facility personnel.

I acknowledge it is my responsibility to keep participant's records current to reflect any significant changes as they occur e.g. telephone numbers, work location, emergency contacts, physician, health status, immunization records, etc.

The facility agrees to keep me informed of any incidents; including illnesses, injury, adverse reactions to medications or foods, etc. which affect participant.

Stomping Ground Ventures, Inc. agrees to obtain written authorization from me before participant participates in routine transportation, field trips, special activities away from the facility and water-related activities in water that is more than two (2) feet deep.

I authorize Stomping Ground Ventures, Inc. to obtain emergency medical care for participant when I am not available.

I understand the facility will advise me of participant's progress and issues related to his/her care as well as any individual practices concerning his/her special needs.

Signed: _____ Date: _____
(Parent/Legal Guardian)

Signed: _____ Date: _____
Susan Schwartz, Executive Director