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**CHILD PSYCHIATRIC SERVICES TREATMENT PERMIT**

I hereby authorize the Child Psychiatric Services at Shodair Children's Hospital to engage in therapeutic practices to promote the emotional well-being of my child placed in care, including inpatient, residential, and outpatient treatment levels of care. The practices necessary in the treatment of children are extensive, and the following list is provided to indicate the various approaches this program may utilize:

1. Medication management, including medication for patient emergencies.
2. Intervention plan and treatment interventions.
3. Use of quiet room, seclusion, and physical restraint.
4. Off-Shodair grounds activities by Shodair staff and other individuals authorized by the parent/legal guardian, including transporting of child by means deemed appropriate by Shodair staff or other authorized individuals.
5. Shodair school placement/public school placement.
6. Play, group, individual, family, and supportive therapies which may include psychotherapy, recreation therapy, music therapy, occupational therapy, speech/language therapy, and use of telemedicine.
7. Therapeutic activities to include physical activity unless contraindicated.
8. Use of observation by staff.
9. If appropriate, use of audio recordings of patient for speech/language therapy. (Note: audio recordings are not maintained upon patient discharge.)
10. Shodair will provide medical treatment within its capacity to minimize risks to the patient and will provide medically appropriate transportation to a facility with the ability to meet the patient's acute medical needs or to the office of a physician, dentist, or another allied healthcare professional for medical or dental care if necessary.
11. Lab, x-ray, and diagnostic testing ordered by the physician including pharmacogenetic testing.
12. Comprehensive evaluations as deemed appropriate by medical, clinical, genetics, education, and nursing staff.
13. Psychological or neuropsychological testing.
14. Taking 1 or 2 pictures of the child for identification purposes only. These pictures will remain in the patient's permanent record. Shodair Children's Hospital videotapes children 24/7 for safety purposes.
15. Updating of immunization status as determined necessary by the physician.
16. Request assistance from the Helena Police Department in case of patient elopement.
17. In certain circumstances law enforcement may be called to assist for the safety of patients and staff.

I have read the above procedures and give my permission for their use with my child. I understand that as a parent or legal guardian, I am expected to actively participate in the treatment of my child, including daily phone contact and/or regular visits. Should I need further assistance to advocate for my child, I may contact Disability Rights Montana at 1-800-245-474 or 449-2344 in Helena.

I understand whatever personal information concerning patients that may come to my knowledge while visiting Shodair is strictly confidential.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
DOB