



POLICY REGARDING UNSUPERVISED MINOR PARTICIPANTS

There are times when a parent and/or guardian will allow their child or ward, to be unsupervised in our waiting areas. For example, a child is receiving testing services for an extended period of time (i.e. 2-3 hours) and the parent does not want to stay in our building for the duration of the appointment. IHCC understands the need to leave the participant in our facility, however, we do require parents or legal guardians to give written consent releasing IHCC from any liability if the participant refuses to participate in testing, leaves the building, exhibits significant maladaptive behavior, or is harmful to themselves or others. The following protocol will be followed in the event a participant is left alone in our facility:

- The parent/guardian will be educated on our policy regarding leaving their child or ward in our facility without parental or responsible party supervision and asked to sign an acknowledgement of understanding. A responsible party is defined as an individual the parent or guardian has assigned the care of their child or ward to, such as a Grandparent, adult sibling, friend, Direct Care Provider, etc.
- In the event a participant exhibits maladaptive behavior such as refusing to participate in testing or disruptive behavior, we reserve the right to discontinue testing and the parent/responsible adult must be available by phone to come and pick up the participant if necessary, or remain with the participant to reduce maladaptive behaviors
- In the event the participant exhibits self-harming behavior or behavior that is harmful to others, IHCC reserves the right to contact the authorities for support and assistance. The parent/responsible party will also be contacted and must be available by phone. If the participant is actively engaging in harming behavior that is injurious to self or others, IHCC staff may need to physically intervene solely for the purpose of prevention of harm and protection of the participant and others until authorities arrive. All attempts to deescalate the child will be made and any physical contact between IHCC personnel and participant will be done solely for the purpose of safety and only by individuals trained in crisis prevention.
- In the event the participant leaves the building, IHCC will contact the police and the parent/responsible party immediately. The parent/responsible party must be available by phone. IHCC may follow the participant to ensure safety either by foot or vehicle if this is felt to be necessary, but will not be held responsible for the participant's actions or safety out in the community. IHCC will not physically engage with a participant in order to force them to return to our facility. If there are any concerns of elopement, a parent or responsible party should not leave the participant without supervision in our facility.
- If a participant exhibits any of the above behaviors or safety concerns at any time, or if we have had to contact the parent or responsible party to ensure the safety of the participant, the participant will no longer be allowed to receive services without a parent or responsible party present at all times.

My signature below acknowledges that I have read and understand IHCC's policy on leaving my child or ward unsupervised in IHCC's facility, either at The Testing Center or the Integrated Services Center. I understand that if I choose to leave my child or ward before, during, or after their appointment that I will not hold IHCC liable if my child or ward exhibits maladaptive behavior, harmful behavior to self or others, or elopes from the building. I understand that IHCC staff and clinicians are not providing child care services, but rather a clinical, or medical treatment or evaluation and that by leaving my child or ward, I am choosing to leave them unsupervised. If I choose to leave, my actions will be seen as confirmation that my child or ward does not participate in maladaptive behavior, harmful behavior to self or others, or elopement, and I am not concerned about their safety or the safety of others in my absence. I further understand that if I choose to leave, I will be available by phone, will answer my phone if called, and agree to come back upon request without delay. I also agree to pick my child or ward up at the designated time and understand that this is not a child care facility and that my child or ward will be unsupervised in the waiting areas if I am not present.

Parent/Guardian Name: _____

Parent/Guardian Signature

Date