

I, _____, state at this time that by the laws of my residential state, I am:
(Parent / Legal Guardian)

(Please check one)

Biological Parent, with legal custody -- [] Full [] Partial

If partial, custody is shared with _____

Adoptive Parent, with legal custody -- [] Full [] Partial

If partial, custody is shared with _____

Other (i.e., foster parent, caseworker, etc.) Explanation: _____

(Please include a copy of all custodial documents)

OF:

Patient Name: _____

Date of Birth: _____

City of Birth: _____

State: _____

Does child reside with you? Yes No

If not, where is residence and who is responsible caregiver? _____

CONSENT FOR DISCHARGE: I AUTHORIZE KOOTENAI BEHAVIORAL HEALTH TO DISCHARGE

_____ **TO THE CARE OF** _____
(Patient / Resident Name) *(Authorized person to release to)*

WHEN MEDICALLY CLEARED. I accept responsibility for and have rights to act in his / her behalf.

Parent / Guardian Signature

Date



CONSENT

KOOTENAI BEHAVIORAL HEALTH CENTER
Coeur d'Alene, Idaho

**ACKNOWLEDGEMENT OF CUSTODY /
CONSENT FOR DISCHARGE**

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