

Purpose of form

The form authorizes the emergency foster care provider to give consent for medical examination, care, or treatment in certain circumstances for children in the Department's emergency custody. It also authorizes the foster care provider to consent to the school's administration of prescription and non-prescription medications.

Instructions

The form is completed in quadruplicate at the time the child is placed into emergency foster care. A new agreement is prepared each time there is a change in emergency foster care placement.

Shelter staff or other OKDHS staff placing a child with the contractor for emergency foster care complete the identifying information, sign and date the form. Foster parents review, sign and date the form. The contract staff member making the placement enters the foster parents' names on the form, signs, dates, and enters the contract agency name.

When the child is moved within emergency foster care, the contract social worker is responsible for completing the identifying information, obtaining the foster parents' signatures and completing the agency signature. The form is then routed to the CW worker for signature.

Routing

Original: Emergency foster care provider
Copy: Contract file
Copy: CW worker
Copy: Shelter file