

Healthcare Acknowledgment

My signature acknowledges that as a Direct Support Professional and/or Parent, The Arc Mid-South is not authorized to provide services that require specialized medical care/attention for persons supported by The Arc Mid-South. Examples of specialized care include but not limited to catheter, G tube, peg tube, any type of tubal feedings, or tracheotomies.

I acknowledge that The Arc-Mid-South is not responsible for any health management or oversight, and Direct Support Professionals are prohibited from administering medication without **written** authorization from The Arc Mid-South's management.

I understand that my signature below indicates that I have read and understand The Arc Mid-South's health management policy.

Printed Name

Position (*Parent or Employee*)

Signature

Date

Agency Staff Signature

Date

Receipt of Acknowledgment

I understand that, should the content be changed in any way, The Arc Mid-South may require an additional signature from me to indicate that I am aware of and understand any new policies.

I understand that my signature below indicates that I have read and understand the above statements and received a copy of The Arc Mid-South Family Support Services Manual.

Printed Name

Position (*Parent or Employee*)

Signature

Date

Agency Staff Signature

Date

The signed original copy of this agreement will be filed in The Arc Mid-South Office.