



Form A

PARENT/GUARDIAN INFORMATION GUIDE ACKNOWLEDGEMENT

Last Name of Youth:	First Name of Youth:
---------------------	----------------------

As the parent/guardian of the above referenced youth, I acknowledge by my signature below that I have received and reviewed the George Junior Republic in Pennsylvania (GJR in PA) Parent/Guardian Information Guide, which defines policies and procedures regarding my child’s treatment. I also acknowledge that I have the opportunity to ask questions by contacting any person identified as a member of my child’s treatment team.

<i>Parent/Guardian Printed Name</i>	<i>Parent/Guardian Signature</i>	<i>Date</i>

This section is for VERBAL CONSENTS ONLY: Verbal consent requires **TWO** witness signatures.

<i>Witness 1: GJR Representative Printed Name</i>	<i>Witness 1: GJR Representative Signature</i>	<i>Date</i>
<i>Witness 2: Placing Agency or GJR Representative Printed Name</i>	<i>Witness 2: Placing Agency or GJR Representative Signature</i>	<i>Date</i>