

Policy Information			
Policy Title:	Program Mission and Components		
Origination Date:	3/1/01	Program(s):	MDHC
Review Date(s):	7/1/04, 08/11; 1/15; 9/17; 4/19		
Revision Date:	7/1/04, 08/11; 1/15; 9/17; 7/19; 7/21; 3/22	Department(s):	MDHC

MISSION STATEMENT AND PHILOSOPHY

The St. Mary's Medical Day Healthcare Program (MDHC) is dedicated to promoting the independence and education of special needs and medically fragile participants by emphasizing family involvement and advocacy, by incorporating all cultures into our programming, and by maximizing our participants' ability to do the best they can.

The program will support and facilitate registrant choice by assisting individuals to make independent decisions about their daily life through implementation of person-centered care. This may include but is not limited to an individual's preferences about their spirituality, emotional well-being, medical needs, physical health, personal likes/dislikes, hobbies, habits, employment desire, community preferences and personal history.

REGULATORY BODIES

MDHC falls under the jurisdiction of the New York State Department of Health.

1. The Afterschool Program for clients ages 6 to 18 years or when they age out of Board of Education

This program consists of clients who participate Monday through Friday from 3 pm to 6:30 pm. The program capacity is 55 clients.

2. Saturday/Sunday Program for clients ages 5 to 30 years

This program consists of clients who participate on Saturdays and Sundays from 10:00 am to 3:00 pm. The program capacity for each session is 55 clients.

3. Young Adult Program for clients ages 18 (or when they age out of board of Education) to 30 years

This program consists of clients who participate Monday through Friday from 9am to 2pm. The program capacity is 55 clients.

Components

Upon admission to the Medical Day Care program, the Recreation staff will complete a Therapeutic Recreation screen with the client to obtain an overall comprehensive evaluation of the client's preferences. As applicable, the client's response to questions within this screening will be used to formulate the client's interests, which include volunteering or employment in the

community. During the completion of this screening, the staff will review with the client their right to change their choices at any giving time, which would result in a change to their person-centered plan. This screening will be completed upon admission and every care plan period thereafter.

If at any point, the client determines that the Medical Day Healthcare Program is no longer serving their needs and would prefer to be in a different setting, the Program Director or designee will begin discharge planning to a setting of the client's choice as long as there is no risk to their health or safety.

Staff will be in-serviced on the fundamentals of person centered planning through both new employee orientation, as well as annually. In addition, staff will be encouraged to review the client's care plan and offer input and/or revisions to assure that the program is supporting the client's needs.

TRANSPORTATION:

Transportation to and from the program is provided by a contracted transportation company; this option is given to the participants and families during intake. They can choose to use this transportation, set up their own transportation or bring their child to and from program independently. For those who insurance does not cover our contracted company; we will assist the family in setting up transportation through the approved company.

Policy Information			
Policy Title:	Person Centered Care Plan		
Origination Date:	8/95	Program(s):	MDHC
Review Date(s):	1/98, 3/99, 9/02, 6/03, 9/05, 5/06; 9/11; 2/15;3/19		
Revision Date:	1/98, 3/99, 9/02, 6/03, 9/05, 5/06; 9/11; 2/15;3/19; 1/22; 3/22	Department(s):	MDHC

PURPOSE

To utilize an interdisciplinary team approach that involves family and clients in the implementation and ongoing management of the client's care.

POLICY

It is the policy of the Medical Day Care Program to provide person centered care to our registrants. An individualized written plan of care will be based upon data collection from the interdisciplinary team and will be developed, jointly with the registrant and/or their authorized designated representative, if the registrant is not able to participate in the person centered plan of care. The plan of care will be reviewed and updated as appropriate every 120 days and if there is a significant change of status.

PROCEDURE

1. The first day in attendance in the St. Mary's Medical Day Health Care Program ("MDHC"), the nurse will initiate the appropriate care plans as directed by the clinical management of the participant based on medical orders and the participant's History & Physical. All other disciplines will initiate appropriate care plans after their first initial visit with the participant.
2. At the next scheduled care plan meeting, the following week, care plans will be discussed with the interdisciplinary team and revisions/updates will be made accordingly. The interdisciplinary team consists of Nursing, Administration, Social Work, Occupational Therapy, Physical Therapy, Speech Therapy and Nutrition.
3. Therapeutic Activities staff will complete the Recreation screen within first five visits to program. This will help establish the likes/dislikes of the client. It will also include an interest in employment screen. If applicable, for those who have an interest in employment; we will work with them on vocational skills training to build their skillset for employment.
4. Within a week of admission to the program, the interdisciplinary team discusses the client's progress and initiates or updates the client's care plans, as necessary.
5. At the next care plan meeting, after discussion of the client's progress, the care plans are discussed and circulated among the team members for their assessment, evaluation of goals and outcomes.

6. Realistic goals should be established within a reasonable time frame. Time frames may range from 1 to 120 days. Once a goal has been attained, the care plan requires re-evaluation. At that time, the discipline may determine if the goal date needs to be extended or if the goal and/or the care plan can be discontinued. In the event the goal date is reached and the goal has not been met, the goal must be re-evaluated and another goal date established.
7. Each goal must have at least one intervention. There are no limits on the number of interventions that are used to achieve a specific goal. Interventions may involve parents/guardians, school officials or any other external care provider.
8. A summary of the client's progress will be recorded every 120 days on the Care Planning Progress Note.
9. A copy of the person-centered plan is mailed to the parent/guardian. As necessary, the document is translated into the parent/guardian's preferred language.
10. Meetings are held that provides the family and client the opportunity to discuss the care plans with the team. If appropriate, the client will participate in the meeting. Sign in sheets are maintained with the agenda for the meeting since multiple clients are discussed at every meeting.
11. As applicable, program staff participate in life plan meetings held by outside case managers. Copies of the plans are collected and scanned into the client's charts.

REFERENCES

- 10 NYCRR 425.7 Registrant Care Plan

Policy Information			
Policy Title:	Client Dining		
Origination Date:	2/96	Program(s):	MDHC
Review Date(s):	3/00, 6/05, 6/06, 3/08, 7/08, 3/09, 5/09, 11/10, 07/11; 2/15;3/19; 3/21		
Revision Date:	3/00, 6/05, 6/06, 3/08, 7/08, 3/09, 5/09, 11/10, 07/11; 2/15;3/19; 3/21; 7/21; 3/22	Department(s):	MDHC

PURPOSE:

To ensure the clients of St. Mary's Medical Day Health Care Program ("MDHC") promotes a pleasurable dining experience integrating therapeutic stimulation and socialization.

POLICY:

MDHC ensures clients are accompanied to the dining area and supervised during meal times. Staff is encouraged to engage the clients in conversation while assisting with feeding and serving meals. See below for COVID 19 precautions

The Dining schedule is as follows:

Meal	After-School Program	Young Adults	Saturday/Sunday One session
Breakfast	N/A	9:00am-9:45am	N/A
Lunch	N/A	12:00pm-1:00pm	12:00pm-1:00pm
Dinner	4:00pm – 5:00pm	N/A	N/A

General guidelines for dining locations:

1. In the dining areas, client care is under the direction of the nursing staff and can be monitored by a staff member who has BLS certification.
2. During the After-School, weekend and the Young Adult Program, the dining areas are equipped with a suction machine, in close proximity, which is monitored by a licensed nurse to ensure a safe environment for clients during mealtimes. Should a young adult require feeding assistance, such will be provided by a licensed nurse, CNA or a Restorative Tech. In the event that a client exhibits choking, respiratory distress, change in level of consciousness, seizure-like activity, or a threatened airway, a "Code Blue" will be called on the overhead paging system.
3. Clients are seated based on their seating, positioning needs and preference.
4. Food is served according to the established rotational menu, planned by Food Services, which provides at least two menu options. For clients requiring therapeutic meals/special

diets, the menu is provided according to the client's care plan. Dietician meets with clients to get preferences to add to menus.

5. If clients become hungry, they can request more food at any time.
6. Foods will be served in a courteous, respectful and unhurried manner.
7. Staff will assist clients exhibiting inappropriate behavior by attempting to redirect the behavior. Should the behavior become disruptive to others, the therapeutic activities assistants (TAAs) will request the assistance of the Manager or the Supervisor.
8. Staff is not permitted to eat or snack in the dining areas during client meal times.
9. Utensils must be used to secure foods. If "finger foods" need to be handled or if there is a risk of exposure to body fluids, staff must wear gloves when handling food.
10. Spills or accidents should be cleaned up right away with paper towels provided.
11. Excess food or liquid on the client's face during the meal should be cleaned periodically.
12. Should a client shows signs of choking or requires emergency assistance; any staff may access overhead paging by dialing 5555 and call for "Code Blue".

PROCEDURE:**Nursing Staff will:**

1. Supervise the safe feeding of clients and intervene or re-direct client or staff if an unsafe condition is identified.
2. Make available self-help devices if indicated (e.g. plate guard, special cup or utensils).
3. Protect the resident's clothing with the appropriate guard and replace as needed when saturated / soiled with food or liquid.
4. Provide therapeutic meals in accordance with the client's care plan.
5. Feed children if indicated.
6. Cleanse the client's hands before eating and their face and hands at the end of each meal. Wipes should be used for this purpose.
7. Assist residents with eating and encourage them to complete their meals.

Therapeutic Activities Assistants will:

1. Setup mats, utensils, drinks, cups and plates prior to the beginning of each meal, wearing gloves.
2. Let the client's know of the choices for the meal and take their order.
3. Provide meal to client according to preference, medical diet order and the individualized meal plan.
4. Provide meals in the following order: salad and meal, and when the meal is consumed, the client may be offered dessert or fruit. Water and milk are available at all times. Juice will be provided once a week.

5. Protect the resident's clothing with the appropriate guard and replace as needed when saturated / soiled with food or liquid.
6. Assist residents with eating and encourage them to complete their meals.
7. Assess eating habits and notify the Supervisor if a client refuses to eat; or if a client's usual eating habits differ from what is expected for the client.
8. Assist the client by cutting up foods, if necessary; and assist with feeding, if skilled nursing needs are not required.
9. Cleanse the client's hands before eating and their face and hands at the end of each meal. Wipes should be used for this purpose.
10. Clean up dining area when all clients are finished, ensuring tables are wiped down and garbage is cleaned up off the floor.

COVID 19 Precautions to be taken effective immediately:

1. Clients will not engage in communal dining with nursing home residents
2. Clients will remain in their assigned room for dining, food will be brought to them to limit movement from room to room
3. Clients will remain 6ft apart while eating. **Updated per 7/23/21 guidance**, 6ft social distancing requirements will continue for clients not vaccinated.
4. Staff that need to assist clients closely with eating will wear the proper PPE



ST. MARY'S HEALTHCARE SYSTEM FOR CHILDREN
ST. MARY'S HOSPITAL FOR CHILDREN
Medical Day Health Care (MDHC)
Bayside, New York 11360

Resident's Name: _____
DOB: _____

ADMISSION AGREEMENT

It is the policy of St. Mary's Hospital for Children's Medical Day Health Care to abide with local, state and federal laws that prohibit discrimination based on race, creed, color, national origin, handicap or sponsor.

Notice of Privacy Practices

With your written consent, St. Mary's staff and other health care professionals in the St. Mary's Healthcare System may use your child's health information or share it with others in order to provide your child with treatment or care, obtain payment for that treatment or care, and run the St. Mary's normal business operations. Your child's health information may also be shared with affiliated health care facilities and providers so that they may jointly perform certain payment activities and business operations along with St. Mary's.

Your consent will remain in effect indefinitely until you revoke your consent or until your child is discharged from the MDHC Program. You may revoke your consent at any time. If you wish to revoke your consent, please notify us in writing with the date of revocation.

Below please fill in the corresponding sections which will allow us to have open communication or share medical documents regarding your child's health information:

School: _____	Parent/Guardian Initials: _____
Social Worker: _____	Parent/Guardian Initials: _____
Case Manager: _____	Parent/Guardian Initials: _____
Physician: _____	Parent/Guardian Initials: _____

Client's Signature (if over 18 yrs of age) _____

☐ Client is unable to sign due to developmental disabilities.

Signature of Parent/ Guardian

Date



ST. MARY'S HEALTHCARE SYSTEM FOR CHILDREN
ST. MARY'S HOSPITAL FOR CHILDREN
Medical Day Health Care (MDHC)
Bayside, New York 11360

Resident's Name: _____
DOB: _____

GENERAL GUIDELINES

In making application to the Medical Day Health Care Program (MDHC) of St. Mary's Hospital for Children, you understand the following:

1. Your child must require a minimum of 30 days of services in order to be eligible for the Medical Day Healthcare Program.
2. If accepted, child/adolescent and the parent/guardian must follow the rules and guidelines of St. Mary's Hospital for Children Medical Day Health Care Program.
3. That the cost of the Medical Day Health Care Program is \$272.85 per day. There are no requirements for advance payment. Reimbursement to St. Mary's is made by Medicaid. Parents/guardians are responsible for renewing their Medicaid prior to expiration.
4. If you or your child have additional insurance coverage, a copy of those insurance cards is also required.
5. As determined in the evaluation process, your child/adolescent is eligible for those services stated in the treatment plan developed by the MDHC treatment team. If said services are not available at St. Mary's, the appropriate team member will attempt to refer your child's/adolescent's family to an outside provider.
6. You understand that you must notify the program immediately if there is a change of address, phone number, emergency contacts, pickups and drop-offs, and/or Medicaid status. For a Medicaid appeal, contact the Human Resources Administration at 718-557-1399.
7. You understand that MDHC re-evaluates your child's eligibility for the program on an ongoing basis. You understand that judgment of your child's/adolescent's eligibility for participation in the program rests solely with St. Mary's Hospital for Children Medical Day Health Care and Therapeutic Activities.
8. You understand that the program develops a care plan based on your child's needs and services provided in the community. This care plan is updated every 120 days and you (or your child) are encouraged to take part in that care planning process.
9. You understand that it is ultimately your responsibility to pay any unpaid balance for medical service and/or treatment not paid by Medicaid, your insurance or any third party payor or agencies.

Parent/Guardian initials: _____



ST. MARY'S HEALTHCARE SYSTEM FOR CHILDREN
ST. MARY'S HOSPITAL FOR CHILDREN
Medical Day Health Care (MDHC)
Bayside, New York 11360

Resident's Name: _____
DOB: _____

CHILD/ADOLESCENT/FAMILY BILL OF RIGHTS

As a child's/adolescent's/parent or guardian, you have the right consistent with the law to:

1. Be fully informed by the Social Worker, as evidenced by the child's/adolescent's parent/guardian written acknowledgment, prior to or at the time of enrollment, of these rights.
2. Be fully informed prior to or at the time of enrollment, of services available in the facility, and of related charges including any charges for services not covered.
3. Receive treatment without discrimination.
4. Be assured of adequate and appropriate medical care for your child, being fully informed of your child's medical condition unless it would be medically detrimental to do so, and are afforded the opportunity to refuse medication and treatment after being fully informed of and understand the consequences of such actions.
5. Receive all the information needed to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
6. Understand, that due to the nature of the program, are with staff at all times. Those who are capable to being more independent can move freely WITHIN the program space. Clients can request a change of activity room at any time.
7. Receive all the information needed to give informed consent for Advance Directives. You also have the right to designate an individual to give this consent for your child if he/she is too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Do Not Resuscitate Orders—A Guide for Patients and Families".
8. Complain without fears of reprisals about the care and services you are receiving and to have the program respond to you and if you request it, a written response. If you are not satisfied with the program's response, you can complain to the New York State Department of Health. The following are the phone numbers for the DOH Complaint Hotline (1-888-201-4563) and the New York State Central Register of Child Abuse and Maltreatment at (1-800-342-3720).
9. Receive considerate and respectful care in a clean and safe environment that is accessible to all clients.

Parent/Guardian initials: _____



ST. MARY'S HEALTHCARE SYSTEM FOR CHILDREN
ST. MARY'S HOSPITAL FOR CHILDREN
Medical Day Health Care (MDHC)
Bayside, New York 11360

Resident's Name: _____
DOB: _____

10. Be free from mental, verbal, sexual and physical abuse. According to Federal regulations, the child has the right to be free from restraints imposed for the purposes of discipline and not required to treat the child's medical symptoms. Restraints may be authorized in writing by a physician, for a specified and limited period of time, after the child's or designated representative agrees; or without agreement when necessary in an emergency situation. In that case, the restraint may only be applied by a licensed nurse who shall set forth in writing the circumstances requiring the use of restraint and, in the case of use of a chemical restraint, a physician shall be consulted at the time a restraint is determined. Restraints are not used for staff convenience, purposes of discipline or substitutes for direct care.
11. Review and obtain a copy of the child's record. Be assured confidential treatment of personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his/her transfer to another health care institution, or as required by law or third-party payment contract.
12. Be treated with consideration, respect, and full recognition of his/her dignity and individuality, including privacy in treatment and in care for his/her personal need and free from coercion and restraint.
13. Shall not be required to participate in activities that are not included for therapeutic purposes in his/her plan of care.
14. Be assured of exercising his/her civil and religious liberties, including the right to independent personal decisions and knowledge of available choices shall not be infringed and the facility shall encourage and assist in the fullest possible exercise of these rights.
15. Be assured of the right to receive, upon request, Kosher food or food products prepared in accordance with the Hebrew Orthodox, or any other religious requirements when the child/adolescent and his/her family, as a matter of religious belief, desires to observe religious laws.
16. Are permitted to carry personal belongings at the discretion of the child's parent/caregiver. The MDHC Program, however, not liable for lost or stolen items. Lockers are available for clients to use.

As per New York State Health Code, health care facilities are required to set forth, in writing, the rules and regulations for each child/adolescent.

COVID-19 ATTESTATION

I understand that my child will be sent home from program if they do not pass screening upon arrival to program. I agree to have a backup plan should this happen.

Parent/Guardian initials: _____



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ST. MARY'S HOSPITAL FOR CHILDREN
Medical Day Health Care (MDHC)
Bayside, New York 11360

Resident's Name: _____
DOB: _____

IMMUNIZATIONS, PHYSICALS, ORDERS, MEDICATION

Candidates will not be permitted to start attending the program until a copy of their immunization record, physical, updated physician orders, and medication (in its original packaging) are on file with this facility, as set forth by the New York State Department of Health. These requirements are to be mailed or faxed to the Program before an evaluation can be scheduled. Medical orders and a new physical are required every year. Failure to provide these may cause your child to be discharged from the program.

Medication prescribed for your child by your private physician is to be left with the program nurse and secured in a locked cabinet. No medication will be administered to any child without properly signed authorization forms. Medication must be supplied in its original packaging and a re-supply needs to be sent to the Program on a regular basis. Children cannot attend the Program unless their medication is on hand.

PHYSICIAN SERVICES

Your child is admitted under the care of your private physician who is licensed to practice medicine in the State of New York. This physician should communicate with you and your child regarding your child's medical condition. Our Nursing Staff will contact your private physician for medical information if indicated.

TRANSFER TO AN ACUTE CARE FACILITY

Transfer from St. Mary's to a hospital may occur for emergency medical reasons. If transfer is required, a physician's order will be the authorization for such a move. The child's parent or guardian will be consulted prior to the transfer and act as escort if available with the appropriate emergency medical vehicle staff or designated program staff.

ACTIVITIES

The primary aim of the Program is to improve the overall functioning and quality of life of the child/adolescent and their families. The therapeutic staff provides clients with assistance in carrying over functional mobility goals established by the rehabilitation staff. Goals are based on the needs of the child/adolescent and the design of the Program. The most common types of activities include supervised homework time, peer socialization through games, arts and crafts, sports and other related interests/hobbies. Clients have the freedom and support to control their scheduled and activities.

Parent/Guardian initials: _____

Person Centered Care

Key professionals and other staff members are continually involved in developing and reviewing a plan of care appropriate to each child/adolescent. We encourage the families' (and participants, as applicable) participation in the care plan. Family cooperation is essential to achieve the best possible results. The Nursing Staff, Social Worker, Program Supervisor/Director, Rehabilitation, and Therapeutic Activity Staff may be directly involved with the child and family in all designated goals



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ST. MARY'S HOSPITAL FOR CHILDREN
Medical Day Health Care (MDHC)
Bayside, New York 11360

Resident's Name: _____
DOB: _____

and approaches.

In order for your child to be admitted to and remain in St. Mary's MDHC Program, he/she must be eligible to receive any two of the following services while in the Program: Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Counseling, and/or Nutrition/Weight Management. In general, your child is not eligible for services if they are already receiving such services in another setting. Eligibility is determined through an evaluation which is performed by Program's clinical staff. If your child has an IEP (Individual Education Plan) through the NYC Board of Education (BOE), we may use this as a guide, but our Program does not contract through the BOE. The IEP is the child's educational plan through the BOE and may differ from our recommendations. We do not bill or accept funding through the BOE for the MDHC program. If a client expresses they no longer want to attend the program; discharge planning will begin with the family and client to find the right setting for the client to transition to.

RECOMMENDATIONS

Any child, adolescent, parent, or guardian may make written or verbal recommendations to the Program's Director, or any member of the Program's treatment team. All recommendations will be reviewed promptly. The person making the recommendation will be notified by a member of the treatment team about the action taken in response to this recommendation.

SOCIAL SERVICES

Social Services in the program are provided by a Certified Social Worker. It is the goal of the Social Worker to furnish the child's family with the assistance they require to make changes in the environment as emotionally satisfying as possible. Thus, it is imperative that parents and guardians keep the Social Worker informed of the family's status. Achievement of targeted goals will only be possible with the family's full cooperation. Arrange / coordinate visitors as needed.

NUTRITIONAL SERVICES

We maintain a full nutritional department within this facility. The department will provide one meal per session for your child. Our Registered Dietician works closely with families and physicians to develop a nutritional plan for your child. A full meal is provided during program hours. You are advised not to provide your child another full meal when they arrive home. As with all services, family cooperation and participation is essential. If a client becomes hungry outside of dining times, they can request food at any time.

REHABILITATION SERVICES

Eligibility for rehabilitation services (Physical Therapy, Occupational Therapy, Speech Therapy) is determined by screenings or evaluations conducted at intake. In order for your child to receive the optimal benefit from rehabilitation services, your child must attend the Program with their prescribed orthoses (braces) or medical equipment prescribed to them. Family cooperation is essential in the achievement of all of your child's rehabilitation goals.

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ST. MARY'S HEALTHCARE SYSTEM FOR CHILDREN
ST. MARY'S HOSPITAL FOR CHILDREN
Medical Day Health Care (MDHC)
Bayside, New York 11360

Resident's Name: _____
DOB: _____

EMERGENCY CONTACTS

In order for your child to attend program, we must have two reliable contacts on record at all times

- The people you list on this emergency contact sheet must live within a 10-15 minute drive of your home location. They must be responsible and trustworthy adults who are at least eighteen (18) years of age.
- You must make sure that the people you list on this form know that they may be called upon in the case of an emergency (if you are unavailable). These people must be available for contact during all of St. Mary's Program hours, and at the time of your child's drop off.
- Your emergency contacts should be made aware that you have listed them as such and they should be made aware that if in the event that we can not reach you, we may contact them and ask them to come to the facility to retrieve your child, be available at their home to receive them off of our ambulette service or be at your home to receive them.

If there is any change in the name, phone number, address, or availability of a contact person, you must notify us of this change immediately. If one of the two emergency contact numbers are no longer working, your child will immediately be placed on hold from the program.

If you want your child dropped at a location other than home

It must be one listed on the emergency contact sheet.

You must call St. Mary's within 24-48 hours prior to make this request.

The bus company will only drop your child at the location of an emergency contact with the prior approval and consent of an appropriate staff member from the program.

Please Note

Either a parent, legal guardian, or authorized contact must be at the bus to receive your child when (s)he is brought home from the Program each day.

Failure to comply with the policies and requirements stated above may result in the suspension or discharge of your child from the Program.

We appreciate your efforts to keep your child safe and well supervised.

Parent/Guardian initials: _____



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ST. MARY'S HOSPITAL FOR CHILDREN
Medical Day Health Care (MDHC)
Bayside, New York 11360

Resident's Name: _____
DOB: _____

Consents

I ☐ **permit** ☐ **do not permit** (check one) taking of Photographs, Movies and Videotape Pictures of me or any other likeness (photographs) of my child at St. Mary's Hospital for Children and all its affiliated facilities, and the use of such photographs by St. Mary's Hospital for Children or its designees, together with the use of my child's name with such photographs as determined by the Facility for educational, public relations, and/or advertising purposes.

SPECIAL ACTIVITIES, EVENTS, TRIPS

I ☐ **permit** ☐ **do not permit** (check one) my child to take part in the special activities, events, and trips that I have indicated below. I understand that my child may take part in these special activities, events, and trips at St. Mary's or off the hospital premises, as part of the Center. I give consent to have program staff take my child on trips on foot, in vehicles operated by a private transportation company, or in St. Mary's Hospital for Children official vehicles.

OTHER CONSENTS

Swimming/sprinkler

Yes

No

☐☐

Pastoral care activities

☐☐

Use sunscreen

☐☐

Use insect repellent

☐☐

Parent/Guardian initials: _____

STAFF CONTACT INFORMATION

Listed below are the names and numbers of all the staff with whom you might need to speak while your child is a child's/adolescent's at St. Mary's. Please keep this information with you at all times for quick and easy reference.

Director	(718) 281-8961
Nursing Office	(718) 281-3823
Manager	(718) 281-8508
Social Work	(718) 281-8508
Transportation Coordinator/Medical Records	(718) 281-8841
Transportation Coordinator/Medical Records	(718)-281-8729
Fax	(718) 281-8920

MDHC Weather Hotline - AVAILABLE 24 HOURS

(718) 281-8858

CALL THIS NUMBER FOR WEATHER / SNOW EMERGENCIES

After School and Saturday Bus Co.

D&J SERVICES, INC.

(718) 828-9800 x 130



ST. MARY'S HEALTHCARE SYSTEM FOR CHILDREN
ST. MARY'S HOSPITAL FOR CHILDREN
Medical Day Health Care (MDHC)
Bayside, New York 11360

Resident's Name: _____
DOB: _____

I have received/reviewed this, Admission Agreement, for St. Mary's Healthcare System for Children Medical Day Care Program.

Guardian Signature _____ Date: _____

Print Name _____

If client is over the age of 18:

Client Name: _____ Date: _____

Client Signature: _____

☐ Client is unable to sign due to developmental disabilities.