

King Lunalilo Adult Day Care Center
PARTICIPATION AGREEMENT

I, or my representative, have read King Lunalilo Adult Day Care Program's Philosophy, General Requirements and Eligibility, Service Provided, Rates and Charges, Participant Rights and Rules and Regulations.

I, or my representative, agree to pay Lunalilo Home, upon receipt of notice. Payments are non-refundable with exception of loss of life, a contagious medical condition, hospitalization or emergency closure of the center. Days may be switched if 1) it is within the same calendar month of the date missed, and 2) if there is an opening available.

Each client's physician will be requested to complete an annual medical evaluation (form provided by King Lunalilo Adult Day Care) and a negative TB skin test.

If a health emergency arises while at King Lunalilo Adult Day Care Center, the family will be notified. If necessary, the client will be transported to the hospital by the family, or by an ambulance obtained by King Lunalilo Adult Day Care Center at the expense of the family's expense. I also authorize King Lunalilo Adult Day Care Center to contact another physician when regular physician cannot be contacted.

Clients' medications shall be in pharmacy-labeled bottles and kept in a locked box at King Lunalilo Adult Day Care Center. The clients' physician must sign an authorized statement for licensed staff of Lunalilo Home to administer medication.

I give my permission for visual or auditory recordings of me, alone or with others, to be made or taken for non-commercial purposes.

I, or my representative, understand that King Lunalilo Adult Day Care Center shall not be held responsible or liable for actions or outcomes over which it has no control, not done with harmful or malicious intent or not due to negligence.

I, or my representative, understand that King Lunalilo Adult Day Care is not responsible for any valuables or money kept in client's possession.

Print Client's Name: Client's Signature: Date _____

Or Representative's Name: Representative's Signature: Date _____