**Lydia Home Association**

**Safe Families Program**

**4503 Charles Street**

**Rockford, IL 61108**

**PLACEMENT AGREEMENT BETWEEN**

**Safe Family Parent and Minor 17 years of age or older**

Name of minor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby agree to accept temporary placement with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Safe Family Parent) for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_period of time.

I hereby authorize the Safe Family Parent to administer prescriptions and non-prescription medications to me as medically indicated. I also give my permission to contact a doctor for medical attention in the event of an emergency. It is understood that a conscientious effort will be made to locate my parents or designated emergency contact before any action will be taken.

I hereby give the Safe Family Parents permission to discipline me in a firm and consistent manner, utilizing individual talks, removal of privileges, or any other non-physical punishment appropriate for my developmental level. Spanking or any other form of physical punishment are not allowed at any time.

I pledge to live in a cooperative way in the Safe Family home abiding by the Household Harmony Expectations and Guidelines. I agree that I will address any disagreements in a mature and constructive manner.

I understand that Lydia Home Association and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Safe Family parent(s)) cannot guarantee my safety. I agree to assume any risks associated with my staying with this Safe Family because I see the benefits of the Safe Family program, and because I understand that Lydia Home Association and (Named Safe Family) are offering this service to me out of a spirit of generosity and compassion. I also agree that I will not hold (Named Safe Family) responsible for any accidental injuries or losses of any kind that I may suffer or incur during or as a result of my participation or involvement in the Safe Family.

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_