



NO LIMITS RESIDENTIAL CARE LLC

“WE DON’T TEACH LIMITS HERE — WE TEACH POTENTIAL.”

FORM 1 — CONSENT FOR RESIDENTIAL CARE STAFF TO ACT IN PLACE OF PARENT/GUARDIAN

Client Name: _____
Date of Birth: _____
Record Number: _____

SECTION 1 — PURPOSE OF THIS CONSENT

This consent authorizes No Limits Residential Care LLC to act in place of the parent or guardian for decisions permitted under North Carolina Level III residential treatment regulations. This includes emergency care, routine care, treatment support, and daily living needs. This consent does not transfer custody or parental rights.

SECTION 2 — AUTHORITY GRANTED

A. Emergency Medical & Dental Authority:

- Consent to emergency medical & dental treatment
- Approve needed imaging and anesthesia for emergency care
- Provide information to medical staff
- Transport child for emergency care

B. Routine Health & Daily Care (Ambulatory Youth Only):

- Ensure hygiene routines (shower, brushing teeth, grooming)
- Provide hygiene supplies and age-appropriate independence
- Oversee laundry, room cleanliness, and daily living expectations
- Provide structured daily schedules, curfews, and supervision
- Offer verbal prompts and reminders for personal care — **no physical assistance required or provided**
- Provide basic first aid and monitor minor injuries

C. Behavioral Health & Treatment Support:

- Follow the child's Person-Centered Plan (PCP)
- Support emotional regulation, coping skills, and safety
- Communicate with therapists, psychiatrists, and medical providers

D. Activity, Outing & Community Participation:

- Approve therapeutic outings and recreation
- Determine when a child is emotionally/behaviorally safe to participate
- Modify or restrict activities based on safety

SECTION 3 — LIMITATIONS

This consent does NOT allow No Limits Residential Care LLC to:

- Approve non-emergency surgery
- Modify educational placement or IEP decisions
- Authorize long-term medical/dental treatment
- Withdraw life-sustaining procedures
- Sign legal documents

SECTION 4 — COMMUNICATION WITH PARENT/GUARDIAN

No Limits staff will notify the guardian of emergencies, significant events, and medical updates. Lack of guardian response will not delay necessary care.

SECTION 5 — CONSENT TIMEFRAME

Valid for 1 year, until revoked in writing, or until discharge.

SECTION 6 — SIGNATURES

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ **Date:**

Staff Witness Signature: _____ **Date:**
