

Integrated Behavioral Health Solutions, Inc.

Name of Client \_\_\_\_\_

**First Aid Release Form**

I agree to allow personnel of Integrated Behavioral Health Solutions, Inc to administer simple first aide in the form of cleaning and bandaging a cut, burn, or scrape. I understand that Integrated Behavioral Health Solutions, Inc personnel are not authorized to administer medications and medical attention beyond simple bandaging. Any injury that occurs will be referred out to the nearest hospital and/or critical care facility or by dialing 911. Integrated Behavioral Health Solutions, Inc personnel are not authorized to transport injured recipients.

I agree to the terms as stipulated.

\_\_\_\_\_  
Signature of Caregiver/Guardian

\_\_\_\_\_  
Date

