

Agreement Regarding Elopement and Locks

To the best of my ability I understand that I have a medical disorder. The name of this medical disorder is Prader-Willi syndrome.

To the best of my ability I understand that one of the symptoms of this medical disorder is elopement or running away. Sometimes I elope in search of food and sometimes I elope for other reasons.

I cannot control this symptom. I cannot stop myself from trying to elope or run away.

To the best of my ability I understand this symptom can be very dangerous to me and threatens my health and safety.

I want all of my care providers, including family members and professional staff, to always try to keep me safe. To the best of my ability I understand that supervision alone may not be adequate or enough to keep me from successfully eloping or running away.

Therefore, I agree that the home environment in which I live should be securely locked at all times.

I do not waive this authorization even when the elopement symptom causes me to become upset.

This agreement may only be changed during my Person-Centered Plan/Individual Program Plan at which my parent(s) and/or conservator is present.

Printed Name _____ Date _____

Signature _____

Witness _____ Date _____