

Agreement Regarding Safety Searches

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 Prader-Willi syndrome is that I am driven to take and eat or hide unauthorized food, money, and/or other items that are not safe for me to have or that do not belong to me.

I cannot control this symptom. I cannot force myself to return unauthorized food items or other items.

To the best of my ability I understand this symptom can be 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 keeping or hiding food, money, or other items that I should not have or that don't belong to me.

Therefore, I agree to allow the home staff to search my room and/or my belongings if the home staff believe that I have something or am hiding something that is not safe or does not belong to me.

I do not waive this authorization even when the taking or hiding 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 _____