**APPLICATION FOR VOLUNTARY ADMISSION**

**TO: (name of the facility)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient:

(Name) (Date of Birth) (Sex) (Age)

(Home Address) (City, State, Zip) (Co. of Residence)

(Social Security Number)

## I am applying for the voluntary admission of the above named for treatment in this hospital. If admitted, such person will follow all hospital rules and regulations. I understand that such person may not leave the hospital without the consent of the head of the hospital until three (3) days, excluding Saturdays, Sundays, and legal holidays, after this discharge has been requested in writing. I also understand there is a financial charge for treatment in a state hospital as provided by law.

Signature of Patient (age 14 years or older) (Date/Time)

Signature of Parent (for a minor child), or Legal Guardian (Date/Time)

(Address)

(City, State, Zip) (Telephone No.)

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## TO BE COMPLETED IF ADMISSION IS BEING CONSENTED TO BY A GUARDIAN

As the legal Guardian of the above-named person, I certify that I have proper authority from the Guardianship Court to authorize this action. (See K.S.A. 59-2949(b)(3))

Q Copy of Court Order or other evidence of authority attached.

Q Medical statement attached (if required by the treatment facility)

(Legal Guardian) (Date/Time)

(Address)

(City, State, Zip) (Telephone No.)

## SEE NOTES PRINTED ON Page 2

**Application for Voluntary Admission** Page 2

The patient has the capacity to consent to treatment and has been accepted as a voluntary patient this day of , at am/pm.

Date Physicians Signature

# NOTES:

 **NOTE:** Before accepting this Application, the admitting physician must determine that the patient has the capacity to consent to treatment. (See K.S.A. 59-2949(a))

 **NOTE:** If the patient making application for admission is 14 through 17 years of age and is admitted, notice of the admission must be given to the patient’s parent, legal guardian, or other person known to the head of the treatment facility to be interested in the care and welfare of the patient. (See K.S.A. 59-2949(b)(2)(B))

 **NOTE:** If this application is being made after the initiation of any involuntary proceedings, the patient must have had an opportunity to consult with legal counsel prior to the signing of this application. (See K.S.A. 59-2949(d))

 Patient’s Attorney: (Name)

(Address)

(Telephone No.)

 **NOTE:** For purposes of requesting discharge, the same individual making this application for admission will be the only person authorized to request discharge. (See K.S.A. 59-2951(b)) For persons 14 through 17 years of age, their parent or legal guardian can request discharge on behalf of the minor. A patient 14-17 years of age who voluntarily admitted themselves, pursuant to K.S.A. 59-2951(b)(2), may request discharge at which time the head of the treatment facility shall promptly inform the child’s parent, legal guardian, or other person known to the head of the treatment facility to be interested in the care and welfare of the minor child and their request for discharge.