

Youth Rights and Responsibility Agreement

The purpose of this agreement is to acknowledge that the youth is competent in moving independently in the hospice without direct supervision. This privilege can be suspended if the youth is not able to follow the guidelines of responsibility or impinges on safety.

Population Criteria:

- Youth must be 13 years of age or older.
- Agree and demonstrate ability to follow the guidelines of responsibility.
- Has discussed their desire of independence in this context with their parent/guardian and they are in support of this process.
- Medical care needs and monitoring poses no safety concerns.

Guidelines of Responsibility:

I understand my responsibility is to maintain safety while on the Canuck Place Hospice Grounds:

- I will do this by being aware of my care needs and manage my time in accordance with my medication and care needs.
- I am able to ask for help when I need it by understanding how to use the adaptive devices provided and who to contact in case of an emergency.
- I will conduct myself while in the hospice with respect for myself, others and the environment by informing my nurse of where I can be located at all times, leave space as I found it and use the public spaces in Canuck Place mindful of other's needs.

I _____ (Youth) understand and agree to the guidelines of responsibility above and I meet the population criteria.

If I or the Canuck Place care team feel with medical changes in my condition that supervision is in my best interest a team meeting will be arranged to discuss and communicate needs.

I understand that if the guidelines of responsibility are not followed that this privilege will be suspended and re-evaluated.

As a Youth of Canuck Place Children's Hospice I understand my Rights.

I have the Right to information.

I have the Right to choose.

I have the Right to privacy.

I have the Right to be included.

I have the Right to make decisions.

I have the Right to be safe.

I have the Right to be heard.

I have the Right to be me.

I have Right to get my needs met: Physically, Spiritually, Emotionally, Educationally, Developmentally and Socially.

Youth Signature: _____

Date:

Parent/Caregiver Signature: _____

Date:

Witness: _____

Date: