



Hospitalization Consent and Information Sheet

Penn-Mar Organization, Inc. is a non-profit agency that serves individuals with disabilities. I am a resident of Penn-Mar Organization, Inc. and Penn-Mar is responsible for the oversight of my medical care.

Given this, I hereby give permission for you to communicate all health and medical information to the following Penn-Mar employees:

Name	Relationship	Phone
	Delegating Nurse	410-343-1069
	Program Manager	410-343-1069
	Community Living Admin.	
	Director of Maryland Programs	410-343-1069
	Residential Supervisor	

Discharge needs:

Since Penn-Mar Organization, Inc. operates under the Maryland Board of Nursing and the Developmental Disabilities Administration regulations, Penn-Mar needs to hold a discharge meeting prior to an individuals returning to our residential program.

Please contact one of the above Penn-Mar employees at least 1 day prior to my discharge so my team can plan to have a discharge meeting at the hospital and obtain all the necessary information they will need.

Please note that new orders will be needed for ALL medications I am discharged with and clear discharge instructions.

Thank you in advance for working with my team to assure my health and well-being.

Individual's name (Please type or print)	Signature	Date
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Witness and/or Legal Guardian (if app.) (Please type or print)	Signature	Date
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This document is valid for one year following the date it is signed and will be renewed annually.