Ronald McDonald House® Northeast Ohio, Inc.
Home Health Care Policy and Release Agreement

The mission of Ronald McDonald House® Northeast Ohio, Inc. ("RMH NEO") is to enhance the healthcare experience for families and children through comfort, care and supportive services. Although RMH NEO is not a medical facility, it may be necessary to perform home health care treatment or therapy in the Ronald McDonald House in Akron (the "House"). Home health care treatment is defined by RMH NEO as treatment of patients that are routinely administered by a parent or other adult caregiver ("Responsible Party"), including routine dressing changes, nutritional infusions, hydration infusions, and home medications. Delivery and education of home health care equipment is permitted. Other medical procedures requiring professional medical personnel should be provided in a medical setting and are not permitted in RMH NEO facilities. Ventilators are not permitted in the House.

The license from McDonald's Corporation to RMH NEO prohibits employees and volunteers from administering medication or medical treatment to guests or visitors at RMH NEO facilities, except in emergency situations. Staff and volunteers shall not perform or participate in any medical procedure, nor shall they dispense, store, or administer any medications, including over-the-counter remedies. The license does not restrict guests or families staying at RMH NEO facilities from administering medication or providing other home health care treatment.

RMH NEO staff, Board of Trustees, and volunteers are not responsible for guests' use and maintenance of medical equipment. The Responsible Party is responsible for, and assumes all risk of, the use and maintenance of medical equipment. If there is a requirement for ongoing assistance with the use of medical equipment, guests may be required to vacate the House for guests' safety. RMH NEO reserves the right on an individual basis to refuse admission or ask a guest to vacate the premises if the patient cannot be safely accommodated or presents a health risk to others. The Responsible Party agrees that RMH NEO, its Board of Trustees, staff, volunteers, or any other persons affiliated with RMH NEO are not responsible for any harm, physical, emotional or otherwise, loss or damage that may occur to any person as a result of such home health care treatment.

PROCEDURES:

Should a family have a child who is receiving outpatient medical services while the child resides at the House, the following procedures shall govern:

1. If home health care procedures are to be performed in the House, they must be conducted in the privacy of the family's room, by the Responsible Party.
2. All medications must be under the direct control of the Responsible Party at all times. The Responsible Party is responsible for keeping medical supplies and medications out of the reach of children.
3. Refrigerated medications must be properly labeled and kept in a separate medication refrigerator in the guest's room. Non-refrigerated medications must be placed in a clearly labeled, secure container.
4. The Responsible Party is responsible for the proper disposal of medical waste and must consult with his/her treating medical personnel regarding disposal methods. Medical waste must never be discarded inside the House.
5. An approved sharps disposal container is required in the House for temporary use for the disposal of intravenous needles. The approved sharps container must be returned by the Responsible Party to the proper disposal source and not disposed of in the general waste containers, in any other containers of the House or anywhere else in the House or on its grounds.
6. Should a guest staying at the House require mechanical medical support for intravenous or nutritional therapy that requires electricity to function, such equipment must have its own battery back up (in addition to its internal battery) or other alternative power source in the event of a power failure.
7. The Responsible Party will call 911 for medical emergencies.
8. RMH reserves the right to refuse to allow treatments in the House.

I acknowledge and agree that I have been provided a copy of RMH NEO rules (the "Rules") and a copy of the Home Healthcare Policy of RMH NEO. In return for the services and accommodations provided by RMH NEO, I agree for the patient, my family and myself to abide by RMH NEO's Rules and Home Healthcare Policy, and agree that we may be required to leave the House immediately at any time if RMH NEO (through a Guest Service Staff member or other authorized representative) determines that we have broken the Rules, Home Health Care Policy or otherwise requests us to leave or vacate the premises. I also understand and agree on behalf of all such persons that RMH NEO, its staff, Board of Trustees, volunteers and others associated with RMH NEO will not be responsible or liable under any theory of liability for any claims, losses, damages or injuries of any kind or nature, including, without limitation: (i) any loss of or damage to our valuables, motor vehicles, or other personal property from any cause, including RMH NEO's negligence; and/or (ii) for any personal injuries, illness, or death, to us (or any of us) from any cause, including, without limitation: RMH NEO's negligence; hazardous, broken or damaged toys provided by or donated to RMH; and/or contaminated or adulterated food and/or grocery products provided by and/or donated to RMH NEO, whether prepared on RMH NEO premises or elsewhere by RMH NEO staff, volunteers, guests, or other individuals, groups or organizations; or (iii) guests receiving home health care treatment while residing at the House. I agree for the patient, my family and myself, to indemnify, defend and hold RMH NEO (and its officers, directors, trustees, employees, agents, and their respective heirs, personal representatives, successors and assigns) harmless from any and all claims, damages, losses, costs and expenses (including reasonable attorneys' fees) arising from: (a) any breach of any RMH NEO policy by me, the patient, or a family member; and/or (b) any acts or omissions arising from or otherwise related to the stay by me, the patient, or a family member at and/or any visit to the House. My signature below as the "Responsible Party" indicates my acknowledgment that I have read and understand the procedures indicated in the Rules and the Home Health Care Policy.

Furthermore, I hereby authorize RMH NEO to receive or communicate any information concerning the patient from or to any medical institution or personnel, and, unless otherwise expressly indicated by me in writing, by signing below I further authorize RMH NEO to produce and make use of any photographs, slides, or any information regarding the patient, my family, and myself for the purpose of publicizing the services and work of RMH NEO and/or medical institutions, in any event without any compensation to us or retention of any ownership or other rights in such materials by us.

Name of Patient ("Patient"): _____

Name of Responsible Party: _____ Relationship to Patient: _____

Signature of Responsible Party:_____ Date Signed: _____