Family Independence Agreement

You want your parents to lighten up about your health. Parents, you're worried about how your child is going to take care of their health by their self. Create your own contract so that everyone feels comfortable with your transition.

I promise to:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

As long as you promise to:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

My signature	Parent signature	Date

Example

I promise to:

1. Take my medicine as directed.
2. Let you know when my medicine or supplies are low.
3. Do what I need to take care of my health when I'm out with my friends.

As long as you promise to:

1. Only ask if I've taken my medicine once a day.
2. Let me tell friends and others about my condition.
3. Don't overact or get mad when I tell you the truth.

Other Ideas:

- Who brings up the health subject?
- Who else can support you besides your parents?
- What happens if you get sick or have an emergency?
- Who talks to the doctor or orders medicine or supplies?
- What happens at school?
- Who makes doctor's appointments?

Miller Children's & Women's Hospital Long Beach
MemorialCare Health System

Approved by the Miller Children's & Women's Hospital Long Beach
Patient and Family Education Committee