

Authorization / Release

Child's First Name: _____ Child's Last Name: _____

I have fully disclosed to Nathaniel's Hope Buddy Break locations all pertinent facts about my child(ren)'s special needs, and I accept full responsibility for failure to do so. I understand the volunteers and staff want to provide the best possible care for my child, and I have done all that I can do to help them meet that goal.

If my child is enrolled in the respite program, I authorize the volunteers and staff to provide any required special treatments or procedures to my child while in respite care. I will provide written authorization, instructions, and all necessary supplies and equipment for these procedures.

In case of emergency or accident, I understand that Emergency Medical Services (911) will be called. I authorize EMS to administer any medical treatment, medication, or appliance deemed necessary by the EMS. I also authorize transportation by EMS to the nearest appropriate medical facility, as determined by EMS. I understand that I will be responsible for payment of all EMS, hospital, and physician charges for emergency services to my child.

I have read the above permission/authorization statement and agree to the terms designed in each.

Print Name: _____ Date: _____

Signature: _____
(Parent/Guardian)

CHILD'S PRIMARY PHYSICIAN

Name: _____

Phone: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone (day): _____ Phone (evening): _____

INSURANCE PROVIDER

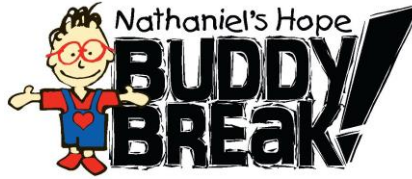
Company Name: _____ Policy Number: _____

NOTARY USE ONLY

STATE OF _____ COUNTY OF _____

On this _____ day of _____, 20_____, before me, a Notary Public in and for said state, personally appeared known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purpose therein stated.

Notary Public _____ My commission expires _____



Declaration of Consent

Please indicate your consent to each item with your initials and by signing at the bottom.

I, _____, parent/guardian of _____,

EMERGENCY MEDICAL TREATMENT CONSENT

Initials: 1. Give permission to the medical personnel selected by Nathaniel's Hope to
_____ administer/initiate medical attention as needed.

MEDICAL ADMINISTRATION CONSENT

Initials: 2. Give the staff/Buddy/nurse designated by Nathaniel's Hope permission to
_____ administer my child's medication.

USE OF IMAGE/LIKENESS CONSENT

Initials: 3. Grant Nathaniel's Hope, and any third party it may authorize, the right to use my
_____ child's name and/or photograph my child and/or make recordings of his/her physical likeness and/or recordings of his/her voice in or in connection with exhibitions, theatrical productions, motion pictures, magazines, newspapers, internet or other publications, or on television or radio. I also hereby grant Nathaniel's Hope, and any third party of Nathaniel's Hope's choosing, the authority to receive income from the sales or distribution of any product that may include such photos and/or recordings herein described, and I understand that I will not at any time receive any part of such income from Nathaniel's Hope using the photos and/or recordings and will not receive any payment, fees, trades, or any other form of compensation whatsoever from such income, except as defined in a separate agreement with Nathaniel's Hope.

WAIVER OF LIABILITY CONSENT

Initials: 4. Agree to release Nathaniel's Hope and all staff and volunteers from all liability for
_____ any additional illness or injury to my child and for any accidental damage or destruction of my child's property during the provision of respite care services.

I have read and initialed the above consent statements and agree to the terms designated in each.

Print Name: _____ Date: _____

Signature: _____
(Parent/Guardian)

NOTARY USE ONLY

STATE OF _____ COUNTY OF _____

On this _____ day of _____, 20_____, before me, a Notary Public in and for said state, personally appeared known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purpose therein stated.

Notary Public _____ My commission expires _____