



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

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

Initials _____

MEDICAL ADMINISTRATION CONSENT

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

Initials _____

PHOTOGRAPH RELEASE CONSENT

3. Give Nathaniel's Hope permission to use my child's name and/or picture in presentations, media releases, newsletters, and marketing materials solely for the purpose of promoting Nathaniel's Hope's programs and services.

Initials _____

WAIVER OF LIABILITY CONSENT

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.

Initials _____

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

Signature: _____ Date: _____
(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 _____