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 _____

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