

Pathway's Church Respite Care Ministries
Declaration of Consent

Please indicate your consent to each item by signing below each statement.

1. Emergency Medical Treatment Consent

I, _____, parent/guardian of _____, give permission to the medical personnel selected by Pathways Church to order hospitalization, treatment, anesthesia, and surgery if necessary, in case of emergency when parents cannot be reached.

Signature of parent/guardian

Date

2. Medication Administration Consent

I, _____, parent/guardian of _____, give the respite nurse designated by Pathways Church permission to administer my child's medication in my absence.

Signature of parent/guardian

Date

3. Photograph Release Consent

I, _____, parent/guardian of _____, give Pathway's Church permission to use my child's name and/or picture in presentations, media-releases, newsletters and marketing materials solely for the purpose of promoting the Respite Program sponsored by Pathways Church.

Signature of parent/guardian

Date

4. Waiver of Liability Consent

I, _____, parent/guardian of _____, agree to release Pathways Church 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.

Signature of parent/guardian

Date