



## 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 \_\_\_\_\_