



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