



## 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 Buddy Break Church  
\_\_\_\_\_ ("Church") to administer/initiate medical attention as needed.

### **MEDICAL ADMINISTRATION CONSENT**

Initials: 2. Give the staff/Buddy/nurse designated by Church 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 Church 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 \_\_\_\_\_