



## **Declaration of Consent**

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

### **Emergency Medical Treatment Consent**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Photograph Release Consent**

2. I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ give Grace 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 SOAR special needs ministry at Grace Church.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Waiver of Liability Consent**

3. I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ agree to release Grace 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 services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Thank you for your cooperation. If you have any questions, please contact Stephen J. Hunsley, M.D., SOAR Ministry Director, 816-506-1305.*

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