



Authorization / Release – CALIFORNIA

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 CALIFORNIA COUNTY OF _____

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)