

Parent/Guardian Respite Care Consent Form for  
Stewartstown Baptist Church

I, \_\_\_\_\_, parent/guardian of  
\_\_\_\_\_, agree to Stewartstown Baptist Church (SBC), to  
participate in its Respite Care Program being held at the church at 18631 Five Forks  
Road, Stewartstown, PA, 17363. I acknowledge, represent, and consent to the following:

1. I am the parent or legal guardian for the child(ren) for whom this document is signed. I believe that my child(ren) is able to participate in the Respite Care Program without undue risk of harm to my child(ren)'s health or well-being. I voluntarily give this consent and have voluntarily chosen to allow my child(ren) to participate in the program. Initials\_\_\_\_\_
2. I have fully disclosed to SBC all pertinent facts about my child(ren)'s needs, and I accept full responsibility for failure to do so. I understand staff and volunteers want to provide the best possible care for my child(ren) and I have done all that I can do to help them meet that goal. Initials\_\_\_\_\_
3. I understand that SBC is not a medical services provider and has not undertaken to provide medical care to my child(ren). I assume all risks on behalf of my child. Initials\_\_\_\_\_
4. I give permission for my child to be treated for illness or injury sustained while participating in the Respite Care Program and authorize SBC volunteers to act on my behalf if I am unable to be reached. Initials\_\_\_\_\_
5. In case of emergency or accident, I understand that Emergency Medical Services will be called. I authorize EMS to administer/initiate medical attention as needed. 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(ren). Initials\_\_\_\_\_
6. I agree to release SBC 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 respite care services. Initials\_\_\_\_\_
7. I give SBC permission to use my child's name and/or picture in presentation, media release, newsletters, and marketing materials solely for the purpose of promoting SBC's programs and services. Initials\_\_\_\_\_

I have read and initialed the above consent statements and agree to the terms designed in each.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Parent/Guardian)

**Child(ren)'s Primary Physician**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Insurance Provider**

Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_