



**Authorization and Consent for Emergency Medical Treatment**

I attest and warrant that I have the legal authority of (\_\_\_\_ parent, \_\_\_\_ legal guardian), to authorize emergency medical treatment for \_\_\_\_\_, a minor, and do hereby authorize APSC to secure such treatment for this child in the event of an emergency.

This includes:

- Consent to transport by medical emergency vehicle to the nearest Emergency Medical Facility.
- Consent to any emergency medical treatment deemed necessary by APSC, as recommended by medical personnel, in the event of emergency situations.
- Release of APSC, its successors, assigns, representatives, employees, and agents from any financial liability incurred during emergency treatment.

**Parental Authorization and Consent for Participation in Activities**

I AUTHORIZE AND GIVE MY CONSENT FOR MY CHILD TO PARTICIPATE IN ALL Respite night activities except for those listed below:

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I hereby give my consent for my child to be transported on and off the APSC premises by the following individuals:

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**Hold Harmless Indemnity Agreement**

I, the undersigned, in consideration for APSC to permit our child to participate in all activities occurring on premises, do hereby agree to hold APSC harmless and agree to indemnify fully APSC for any and all judgments and damages rendered against it and including costs, attorney's fees, regardless of whether or not there is litigation and including mediation and arbitration proceedings which result from or that are in any way connected with monetary, physical, mental, emotional, or other type of injury to my child that is claimed or asserted.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date

These authorizations and agreements are expressly granted from the date above until expressly revoked in writing by me.

\_\_\_\_\_  
Parent or Legal Guardian (Please Print)

\_\_\_\_\_  
Signature