Authorizations Form

Participant Full Name _____

Release of Information

Initial to authorize release of records or information to the following (guardian initial) (co-guard initial)

(please check all that apply) _____ _____

- ☐ Occupational Therapist
- ☐ Physical Therapist
- ☐ Speech Therapist
- ☐ Contracted Nursing Service
- ☐ Other: (identify exact agency) _____

Medical Administration (prescriptions)

Initial to authorize the administration of prescription medication by staff certified in Administration of Medication under the guidance of a Registered Nurse Trainer .

(guardian initial) (co-guard initial)

_____ _____

Authorization to Receive Therapy

Initial to authorize the following (please check all that apply) (guardian initial) (co-guard initial)

_____ _____

- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Speech Therapy
- ☐ Other _____

Signatures

Guardian / Date

_____

Relationship _____

Address _____

_____

Phone _____

Email _____

Co-Guardian (if applicable) / Date

_____

Relationship _____

Address _____

_____

Phone _____

Email _____

Medical Release Form

Participant Full Name _____

I authorize the staff of the Opportunity Networks to obtain **emergency medical treatment** in the event that the parent or guardian cannot be reached and that it is necessary for the participant's immediate well-being to obtain treatment.

SIGNATURES

_____	_____
Participant	Date
_____	_____
Guardian	Date
_____	_____
Witness	Date
_____	_____
Co-Guardian (if applicable)	Date

Consent Form

Participant Full Name _____

I authorize participation in all activities that are part of the regular daily programming at Opportunity Networks or that are occasional or special cultural events.

Please confirm the following by checking the appropriate box

Field trips	☐ Yes	☐ No
Public events	☐ Yes	☐ No
Swimming	☐ Yes	☐ No
Pictures	☐ Yes	☐ No
Social Media	☐ Yes	☐ No
Publicity	☐ Yes	☐ No

I understand that this authorization will be effective from the date of this form until cancelled by me.

SIGNATURES

_____ _____

Guardian Date

_____ _____

Co-Guardian (if applicable) Date

_____ _____

Witness Date

_____