

**ANNE GRADY SERVICE
1525 EBER RD.
HOLLAND, OH
PHONE: 419-866-6500
FAX: 419-866-7457**

Individuals Name: _____

Legal Guardians Name: _____

***The guardian must provide their initials in each section in order for this form to be complete.**

***This form is valid for one year from the signature date.**

*** This form must be updated annually to avoid an interruption of services.**

SECTION A: CONSENT TO TREAT

_____ I give permission to the authorities of Anne Grady Services and/or St. Luke's Hospital or other medical facilities to render medical services or treatment necessary to the above named person. Such services or treatment may include x-rays, laboratory procedures, and administration of medications, treatment of physical condition, emergency room care, emergency admission, and outpatient care considered essential for the person's condition, illness, or trauma.

(A copy of this form is acceptable to the undersigned as consent to treat)

SECTION B: CONSENT TO TRANSPORT

_____ I authorize Anne Grady Services to provide transportation medical treatment, recreational, social, or other programmatic reasons while _____ is living at Anne Grady Center.

SECTION C: AUTHORIZATION TO OBTAIN/RELEASE AUDIO-VISUAL INFORMATION

_____ I authorize Anne Grady Services to make motion pictures, video tapes, photographs, audio tapes, photographs, audio tapes, or press releases. I authorize the public use of this material as deemed appropriate by Annie's House for educational and promotional purposes.

_____ I DO NOT authorize Anne Grady Services to make motion pictures, video tapes, photographs, audio tapes, or press releases involving

GUARDIAN SIGNATURE

DATE