



Crisis Nursery of Greater Rochester Consent Form

I, _____ DOB _____, am the legal guardian of below listed child/children and I hereby agree to participate and allow the above named child to participate in the services of the CNGR. The program may include collection of environmental, developmental medical, social and economic information by the CNGR staff.

Name of child (children and dates of birth):

I hereby authorize the staff of the CNGR to administer prescription and nonprescription medication to my child/children as medically indicated. I also give my permission to the staff to call a medical doctor for medical care for the child named above. It is understood that a conscientious effort will be made to locate me or a designated emergency contact person before any action will be taken.

I hereby give consent to the staff of the Crisis Nursery of Greater Rochester for said child/children to receive emergency medical and surgical aid as may be deemed necessary by a licensed or recognized physician or surgeon when I or my representative cannot be reached. I agree that the CNGR will not be held liable for any incident which adversely affects the health, welfare or safety of said child resulting from such medical treatment.

I also authorize the taking of photographs, and/or audio-visual tape recordings of my child/children to be used for client records and authorize the release of information regarding the care of the children to other involved agencies.

I acknowledge I have read, understand, this agreement and have provided full and complete information to the Crisis Nursery Staff.

Parent/guardian signature _____ Date _____

Name Witness _____

Witness Signature _____ Date _____