

CARING FRIENDS
ST. PAUL'S RESPITE MINISTRY
Permission Form

Permission is hereby granted for _____
to attend St. Paul's Respite Care program . Release is hereby granted for photos in
any media to be taken of the Friend within the program for the use of Caring
Friends, St. Paul's Respite Care.

I give my permission to Caring Friends, St. Paul's Respite Care to receive any
information concerning the above named Friend from the various professionals
involved in the care of this Friend.

I give my permission for Caring Friends, St. Paul's Respite Care staff to assist in
administering medication that I have provided (in a properly labeled container with
instructions) to the named Friend.

I give my permission for staff to seek any emergency treatment that might be
necessary while _____ is participating in the program. I
understand I will be contacted immediately should this occur.

Friend signature _____

Guardian signature _____

Guardian contact numbers _____

Other contact: Name _____

Phone numbers _____