



The Arc of Sedgwick County Consents

Appointment of Agent

I hereby appoint the Arc of Sedgwick County as my agent and representative for the purpose of authorizing and consenting to hospital care and/or medical care for the treatment of _____ for any
(Participant's Name)
illness or injury that may occur while such person is in the care or custody of The Arc the period of

January 1, _____ through **December 31,** _____, while I am not immediately available to give such consent.

Signature of Participant/Parent/Guardian

Transportation Consent

This is my permission to the Arc of Sedgwick County to transport, under supervision _____
(Participant's Name)
to places deemed necessary for the interest of the participant and/or in times of medical emergency to the appropriate agency for the period of **January 1,** _____ through **December 31,** _____.

Signature of Participant/Parent/Guardian

Publicity Consent

I hereby give my permission to The Arc of Sedgwick County and/or United Way to allow the use of

(Participant's Name)
's name and/or use photographs, audio recording, or video tape of activities in which he/she participates in an appropriate manner during the period of **January 1,** _____ through **December 31,** _____.

Signature of Participant/Parent/Guardian