



I, \_\_\_\_\_, the Parent/Legal Guardian of

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**PLEASE INITIAL EACH LINE THAT YOU CONSENT TO:**

\_\_\_\_\_ Give my consent for The Arc of Natrona County and their certified employees to transport my child in their vehicle.

\_\_\_\_\_ Give my consent for The Arc of Natrona County to obtain or apply emergency medical care that may be necessary to ensure the health and welfare of my child.

\_\_\_\_\_ Give my consent for The Arc of Natrona County to use and reproduce all photos and video involving my child, for the camp video. I understand this video may be used for promotional and or educational purposes.

\_\_\_\_\_ Give my consent for The Arc of Natrona County to use all photos and video involving my child, for the Arc website, brochures and calendar.

\_\_\_\_\_ Give my consent for the media to use likeness, voice and or words of my child for Television, Radio, Films, Newspapers, Magazines, and other forms not listed, strictly for purposes authorized by The Arc of Natrona County.

\_\_\_\_\_ Give my consent for my child to be around or on any animals that may be present while my child is in the care of The Arc of Natrona County and their employees.

\_\_\_\_\_ Give my consent for my child to be assisted by volunteer staff and counselors while in the care of The Arc of Natrona County and their providers. Only certified Arc employees will assist with toileting and behavior protocols.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**SFHH or independent providers may not sign in lieu of parents/guardians**