



## 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 between the dates of January 1,  
\_\_\_\_\_ and December 31, \_\_\_\_\_, while I am not immediately available to give such consent.

\_\_\_\_\_  
Signature of Participant/Parent/Guardian

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### 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

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### 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)  
his 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