**Consent – General**

***Client Name:*** *Please initial each box to indicate agreement*

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| ***Initials*** | **MEDICAL** | |
|  | **Emergency medical treatment**  ***ASC requirement*** | I give consent for employees of ASC to take and or arrange for transportation of the above named client to the nearest emergency facility for emergency treatment. I understand that the ASC employee may not sign for treatment and that I will be contacted as soon as possible. |
|  | **Day-to-day medical care** | I give consent for employees of ASC to take the above named client to day-to-day medical appointments as required and to give required follow through as per doctor's recommendations. |
|  | **Consent for day-to-day treatment** | I do hereby authorize and grant permission to the employees of ASC and the employees of other institutions as may be requested by the attending physician, to carry out routine examinations, procedures and treatments as may be ordered by the attending physician. Exemptions to this consent include major non-emergency medical treatment such as:   1. Surgery 2. Dental Surgery 3. Any procedure involving the use of general anesthetics 4. Any extraordinary procedure   Further; I give consent for employees of ASC to release and or obtain information, as required, to or from medical professionals involved in the day to day care or support of the above name of client. E.g. Pharmacist, Health Link, Physio Therapist. |
|  | **Administration of medications,**  **health and diet supplements, or items of a medicinal nature** | I understand that employees of ASC will not administer or participate in the administration of prescription/non-prescription medication, health and diet supplements or anything of a medicinal nature, unless it is approved by a medical professional, licensed health care practitioner, or pharmacist.  I give consent for employees of ASC who have been oriented to the ASC Medication Administration Procedures to administer items of the above nature to the above named client under the above conditions. |

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| ***Initials*** | **GENERAL** | | |
|  | | **Travel** | I understand that travel is required for social outings and/or work placements. I hereby give consent for the above named client to travel with those persons meeting ASC's transportation polices and procedures for safe client transportation. |
|  | | **Photographs for ASC internal use** | I give consent for employees of ASC to take/use pictures of the above named client for the purposes of ASC activities/services/special events. I understand that the photographs are for internal use only and may not be used for publication. |
|  | | **Audio/visual recordings** | I give consent for employees of ASC to take/use audio/visual recordings of the above named client for the purpose of activities/services/ special events within ASC. I understand that the audio/visual recordings are intended for internal use only and will not be used for publication. |
|  | | **Participation in activities**  ***ASC requirement*** | I give consent for the above named client to participate in outings/activities/work placements as part of the day-to-day service delivery. |
|  | **Release of Information**  ***ASC requirement*** | | I do hereby authorize and grant permission for the employees of ASC to release information regarding the above named client as required in emergent situations or as requested by police or an attending physician or employees of other institutions as requested by the police or attending physician. |

***Exceptions are as follows (strike through blank lines if there are no exceptions):***

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The *(client/legal representative)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will release and save harmless Accredited Supports to the Community (ASC) and its servants, agents and employees from any liability or responsibility for loss, damage, or injury arising from the performance of this Agreement, except where such loss, damage, or injury, is due to the gross negligence or willful misconduct of Accredited Supports to the Community or its servants, agents or employees.

The *(client/legal representative)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall further indemnify Accredited Supports to the Community against all claims brought against Accredited Supports to the Community by any third party for any loss, damage or injury brought as a result of any matter arising out of the performance of this Agreement.

This consent shall be in effect (for a maximum of one year)

From: To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(month) (day) (year) (month) (day) (year)*

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Signature of Client/Legal Representative Date

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ASC Signature Date