



**EASTER SEALS CENTRAL TEXAS  
PARENT SUPPORT AND TRAINING PROGRAM  
& ABA TODAY**

**Respite Childcare Participation and Emergency Treatment Consent Form**

Name of Participant(s): \_\_\_\_\_ D.O.B.(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consent and Release to Participate in Respite Childcare**

I, \_\_\_\_\_ authorize Easter Seals Central Texas and ABA Today to enroll my child(ren) in the Respite Childcare program. I also authorize my child(ren) to participate in the Respite Childcare activities. I understand that the Respite Childcare is a collaboration of the Parenting Support and Training Program of Easter Seals and ABA Today and that there will be trained volunteer childcare workers and Easter Seals/ABA Today staff working with my child.

I release these agencies from any and all liability, claims or suits, which may result from my child(ren) participating in the Respite Childcare services of the Parenting Training and Support Program and ABA Today.

\_\_\_\_\_  
Signature of Parent or Guardian Date

**Emergency Medical Treatment Consent and Release (for minors)**

I, \_\_\_\_\_ understand that I must be contacted and I give my consent to Easter Seals Central Texas and ABA Today to arrange and or provide emergency medical treatment for my child(ren) at a medical center. In the case I cannot be contacted, I release information from the medical records/application form of the child(ren) if necessary.

I release these agencies from any and all liability, claims or suits, which may result from my child(ren) participation in the Respite Childcare program provided by these agencies. These consents will expire two (2) years from the date signed.

\_\_\_\_\_  
Signature of Parent or Guardian Date

\_\_\_\_\_  
Witness for All Consents Date