

Merrimack Adult Day
Health Center

PHOTO RELEASE

My signature below authorizes Merrimack Adult Day Health Center to take my picture for my chart as well as to use my photograph for advertising purposes. I am aware that this may include advertising in the newspaper, brochures, or other media avenue.

I am also aware that I may rescind this authorization at any time by presenting my wishes in writing to the Program Director.

Client Signature / Guardian

Date

Program Director / Representative

Date

FIELD TRIP CONSENT FORM

Recreational activities are an important part of the Merrimack Adult Day Health Center. On occasion, the clients will have the opportunity to go out on trips to local places of interest (Park, Zoo, Museums, Shopping trips, etc.). Staff will always accompany program participants. Please seek alternate care for the day if not participating in field trips.

My signature below authorizes Merrimack Adult Day Health Center to take me on special trips with the limitations that I have noted below. I release Merrimack Adult Day Health Center from any liability.

Client Signature / Guardian

Date

Program Director / Representative

Date