

ARIZONA AGENCY OF CHOICE
Exceptional Kids, Inc.
GENERAL CONSENT AND AUTHORIZATION

I, _____, certify that I am the
(Full name of the legally responsible person to the Consumer)

_____ of _____
(Relationship to the Consumer)

_____ (The full name of the Consumer)

and I consent to the following for the Consumer for a period not to exceed 12 months from the date of my signature below:
(Check and Initial all items that apply to the Consumer)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

- _____ Necessary emergency treatment(s)
- _____ Routine medicare care
- _____ Routine dental care
- _____ Use of sedation/restraint when prescribed by a physician for medical/dental purposes only.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

- Release of the following necessary evaluations or assessments:
- _____ Educational
 - _____ Vocational
 - _____ Therapeutic
 - _____ Psychological
 - _____ Behavioral
 - _____ Social
 - _____ Financial
 - _____ Other: _____
 - _____
 - _____

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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_____ With the exception of the following: _____

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

- Participation in the following activities or events:
- _____ Educational
 - _____ Vocational
 - _____ Therapeutic
 - _____ Social
 - _____ Recreational
 - _____ Transportation

For those categories where I have checked "No", my signature is required prior to the occurrence of such events or the release of any information.

The preceding has been explained to me and I certify that I understand it fully. I also understand that my consent may be withdrawn at any time by my written notification to my Agency of Choice.

(Consumer's Signature)

(Today's Date)

(Responsible Party's Signature)

(Today's Date)

(Witnessed by Agency Representative's Signature)

(Today's Date)