

WINDWARD SENIORS DAY CARE
RELEASE AND WAIVERS

Hope Center 261-4947
77 N. Kainalu Drive
Kailua, HI 96734

Leedham Center 261-5027
1276 Kailua Road
Kailua, HI 96734

Emergency

Whenever medical or surgical treatment is indicated for _____ WSDC will make a conscientious effort to notify the primary care giver or his/her alternate listed on general application for admission before any action is taken. If it is impossible to locate either, the primary physician will be called for instructions. If the physician cannot be reached, I hereby give my consent for emergency treatment (911). It is understood that I will accept the expense of this service.

Date _____ **Signature** _____

I hereby release WSDC and it's staff, or other agents acting for said Center, from responsibility in case of accident or from other liability, which might be incurred while receiving services from the Center. This includes liability for injury or stress caused by the client leaving the Center unattended, wandering, or refusing to return to the Center. Precautions are taken to provide a safe and secure environment.

Date _____ **Signature** _____

WSDC has my permission to take _____ on walking or transported excursions as part of the program. I understand that all excursions will be adequately supervised and that ever precaution necessary will be taken to insure the safety and welfare of the participant.

Date _____ **Signature** _____

Consent to photograph and release information

The undersigned does hereby authorize WSDC and it's authorized representative of the designated photographer(s) to take pictures of _____ and agrees that the photos may be used for such purposes and in such a manner as may be deemed necessary to publicize the Center's activities.

Date _____ **Signature** _____

The undersigned does hereby authorize WSDC and it's authorized representatives or the designated agent(s) to release information concerning _____ while a participant at the Center and agrees that the information may be used for such purposes and in such a manner as may be necessary to publicize the Center's activities.

Date _____ **Signature** _____