



## RELEASE AND CONSENT

In consideration of admission to Think Ability Inc. as a program participant, I do hereby give my consent to the agencies operating in its authorized behalf the unqualified right and permission:

\_\_\_\_\_ To use their discretion in obtaining emergency dental care in the event I cannot give such consent at the time of such an emergency.

Primary Dentist /or Facility: \_\_\_\_\_

\_\_\_\_\_ To use their discretion in obtaining emergency medical and hospital care in the event I cannot give such consent at the time of such an emergency.

Primary Physician /or Medical Facility: \_\_\_\_\_

I have read the forgoing, which I understand to be an authorization and release, and it has been explained to me.

\_\_\_\_\_ Date \_\_\_\_\_  
Participant

\_\_\_\_\_ Date \_\_\_\_\_  
Guardian

\_\_\_\_\_ Date \_\_\_\_\_  
Adult Day Director

**This consent is effective one year from date signed.**