



Educational services for autism spectrum and related disorders.
 For the student. For the family. For the school. For the community.

Surrogate Caregiver Permission Form

Client Name: _____

By my signature below, I/WE state that I/WE am the natural/appointed guardian(s) of _____ (“Client”), a Student of APPLE Consulting and that I/WE have executed this Notification and Release for the purpose of designating persons to assume responsibility of Client’s treatment and care in my/our absence.

Specifically, I/we hereby advise APPLE that the following person(s) will be in my/our home and acting in my place and stead in caring for client, which authority shall include, without limitation, the authority to assist with therapies as needed, direct any emergency care or treatment client may require during my absence and to sign any/all APPLE documentation in order to verify the presence of APPLE staff and the services performed by APPLE staff.

Authorized Agents: _____

NOW THEREFORE, I/WE hereby release and indemnify APPLE, its officers, directors, employees, attorneys, assigns and any other person acting on its behalf from any and all responsibility and/or liability for any injuries or loss which client may sustain as a result of APPLE’s good faith reliance on the involvement and direction of others in my/our absence.

I/We further release, discharge and forever acquit APPLE, its officers, directors, employees, attorneys, assigns and all other persons acting on its behalf from all claims known or unknown, of any kind, nature or description arising out of or in any way related to its reliance on the service verifications provided by my/our authorized agents, except with respect to those verifications that are the responsibility of APPLE, whether or not such claim is in the present contemplation of the parties.

I/WE represent that I/WE have read the above and voluntarily signed this instrument, with a full understanding of its terms.

Parent/Guardian	Date	Printed Name/Relationship
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Parent/Guardian	Date	Printed Name/Relationship
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Surrogate Affirmation.

By my signature below, I state and affirm that I have received and read a copy of this instrument which identifies me as a designated health care surrogate for _____ and that I voluntarily acknowledge and accept those responsibilities bestowed upon me.

Surrogate Signature	Date	Printed Name
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