

**ST. VINCENT'S SPECIAL NEEDS SERVICES – STUDENT INFORMATION**  
**CONSENTS FORM**

Student's Name: \_\_\_\_\_

**PLEASE CHECK YES OR NO FOR ALL THE FOLLOWING RELEASES/SERVICES & SIGN**

**This consent applies to activities in both group home and school settings unless you make specific notation below.**

- **PHOTOGRAPHY RELEASE:** I, hereby, give my permission for photographs of my child/ward to be used for publicity or information purposes by the **St. Vincent's Special Needs Services.**  **yes**  **no**
  
- **RECREATION RELEASE:** I, hereby, give permission for my child/ward to participate in recreational activities, i.e., field trips, as deemed appropriate by the **St. Vincent's Special Needs Services.**  **yes**  **no**
  
- **DIRECTORY RELEASE:** I, hereby, give my permission for name, address, and telephone # of my child/ward to be included in a student directory which may be distributed to families of individuals served by **St. Vincent's Special Needs Services.**  **yes**  **no**
  
- **AUDIOLOGY SERVICES:** The Feroletto Center has an Audiologist on staff who is available to screen and test students' hearing if recommended by a physician or speech pathologist. The student's insurance company may be billed for these services.  
**I give permission for my child/ward to be followed by the Audiologist at the Feroletto Center:**  **yes**  **no**
  
- **DURABLE MEDICAL EQUIPMENT:** Purchases for equipment such as wheelchairs, standers, braces, and hand splints for individual students are often made using one or more of the following companies: NuMotion, Biometrics, and Next Step Technologies. Communications with representatives of these companies often include sharing of a student's health information.  
**I give permission for information to be shared with durable medical equipment companies.**  **yes**  **no**
  
- SVSNS works with support organizations who may assist families with funding for durable medical equipment when denied by insurance providers. Communications with representatives of these organizations may include sharing of student's health care information.  
**I give permission for information to be shared with funding organizations.**  **yes**  **no**
  
- **G-TUBE SUBMERSION:** During water play, your child's g-tube may be submerged in water.  
 **Yes, my child's g-tube may be submerged in water.**  
 **No, my child's g-tube may not be submerged in water.**

Your child will still be allowed to participate in water play, but will not be submerged without your permission.

- **MEDICAL EMERGENCY:** I understand that in the event of a medical emergency requiring immediate treatment, my child/ward will be transported by ambulance to **St. Vincent's Medical Center** or the closest hospital as determined by EMS, unless another option is determined necessary by emergency personnel or hereby indicated:

**RECEIPT OF INFORMATION:** I have received copies of the Student Management Practices and Notice of Information Practices and I accept the information contained in them.

\_\_\_\_\_  
**SIGNATURE OF GUARDIAN**

\_\_\_\_\_  
**DATE**

**\*These releases are active until consent is withdrawn or enrollment ends.**

St. Vincent's Special Needs Services does not discriminate against any person based on race, color, national origin, disability, age or gender in admission, treatment, or participation in its programs, services, or activities.