

**Hartwood Foundation, Inc.**  
**3702 Pender Dr., Suite 410**  
**Fairfax, Virginia 22030**  
**(703) 273-0939 phone / (703) 273-6807 fax**

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**GENERAL RELEASES**

Medical: I do \_\_\_\_\_ do not \_\_\_\_\_ grant permission for the scheduling and carrying out of any medical, surgical or dental procedures deemed necessary. This includes but is not limited to transportation, emergency services, arranging of transportation via ambulance, and the assistance with taking medications prescribed by a physician for treatment.

Financial: I do \_\_\_\_\_ do not \_\_\_\_\_ give permission to \_\_\_\_\_ to mail my paycheck to Hartwood Foundation, Inc.

Field Trip: I do \_\_\_\_\_ do not \_\_\_\_\_ give permission for \_\_\_\_\_ to be taken on trips/activities planned by Hartwood Foundation, Inc. staff. This will serve as a blanket permission for all out of house activities. Families/guardians will be notified for any extended trips. (Trips that are 100 miles one way or more.)

Photographic: I do \_\_\_\_\_ do not \_\_\_\_\_ grant permission for the use of individual and/or group activity photos of (self/son/daughter) \_\_\_\_\_ and, without limitation, to use such photos in connection with Hartwood Foundation, Inc. purposes. Hartwood Foundation, Inc. additionally is released from any claims that may arise in said regard.

Cash and Valuables: I have had explained to me that Harwood Foundation, Inc. is not liable for any replacement of money or valuables lost from the unit office file cabinet due to criminal activity on the part of any person or persons, natural disaster. I understand that every precaution will be taken to safeguard money and/or valuables by the Program Manager.

This release form is to be updated yearly and can be revoked at any time by the signee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian/Self

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_