

### Consent/Waiver for Relief Care

Date: \_\_\_\_\_

I/we \_\_\_\_\_ (parents/guardians first and last name)  
consent to have the Relief Care Committee coordinate the placement of our  
child/children in a relief care home for the time agreed upon.

Children's names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for the need of a relief care home:

\_\_\_\_\_  
\_\_\_\_\_

Estimated duration and start date of care:

\_\_\_\_\_

*The Relief Care Home Committee along with the Relief Care Home are not responsible  
for any accidental injuries that take place while the child is placed in care.*

Signature of parent:

\_\_\_\_\_

Signature of caregiver:

\_\_\_\_\_

Signature of Relief Care Committee member:

\_\_\_\_\_

Preferred method of communication for wellness check with Relief Care Home and  
child(ren):

1. Text Message
2. Phone Call
3. Visit in Person
4. Other: \_\_\_\_\_