

Ruth Gottscho Dialysis and Children's Kidney Program at Frost Valley YMCA

www.frostvalley.org/kidney

Release of Information

I, _____, parent or guardian of _____, consent to the release of medical information about my child from our healthcare provider to the Ruth Gottscho Dialysis and Children's Kidney Program, a division of the Children's Hospital at Montefiore, Bronx, NY.

I understand that while at camp, my child becomes a patient of Montefiore Medical Center, and they are subject to Montefiore's policy regarding protected health information, in accordance with the Health Information Portability and Accountability Act (HIPPA).

(for an additional copy of Montefiore's HIPAA policy, please contact camp coordinator)

Parent/Guardian Signature _____ Date _____

Permission for Diagnosis and Treatment

I, _____, parent or guardian of _____, give my permission to the medical and nursing staff of the Ruth Gottscho Dialysis and Children's Kidney Program at Frost Valley YMCA, a division of the Children's Hospital at Montefiore, to provide medical and nursing care for the above minor. This permission includes medication administration, catheterization, CAPD or hemodialysis, for children receiving these forms of treatment.

Parent/Guardian Signature _____ Date _____

Photo Consent

I, _____, parent or guardian of _____ hereby grant to:

Children's Hospital at Montefiore, Frost Valley YMCA, and Ruth Gottscho Kidney Foundation without compensation therefore, permission to photograph, publish, reproduce, record and use, with or without his/her name, photographs, motion pictures, video or audio of my child or in which he/she appears, and permission to discuss his/her medical problems/diagnoses and treatment for any and all purposes, including but not limited to publication and/or broadcast of this material for education, clinical, scientific, informational, advertising, and promotional and medical publicity purposes, and I release the aforementioned parties from any and all claims or liability that may arise from any of the foregoing. I agree that all photographs, motion pictures, video, and audio made of my child by or for the above-mentioned parties shall be their exclusive property, which in their discretion may be used as they see fit. I grant this permission and release as a voluntary contribution and I waive any and all rights I may have to royalties or other compensation in.

Parent/Guardian Signature _____ Date _____

Signature/printed name of minor subject, if old enough to understand