

THERAPEUTIC SERVICES AGENCY, INC.

220 Railroad St. SE • PINE CITY, MN 55063 • (320) 629-7600 • Fax (651) 925-0071

Consent Form

Name of Individual: _____ Date: _____

Individual Name (or Legal Representative): _____

Individual's (or Legal Representative's) Signature: _____

Please initial 1-4, which corresponds to your signature above to indicate understanding and consent:

- _____ 1. I hereby authorize and give my consent to random UA's (urinalysis) for above named individual.
- _____ 2. I hereby give my consent for TSA to photograph, video/audio tape above named individual throughout their placement at TSA. These photographs and tapes will be used for recording memorable events and/or as an educational and/or therapeutic tool. The photographs may be included in a monthly newsletter displayed at TSA or sent out to county workers periodically.
- _____ 3. I hereby authorized TSA to supervise the recreational activities and to permit above individual to attend and participate in sports, camping, swimming, boating, horseback riding, baseball, water skiing, golf, canoeing, cross country and downhill skiing, football games, picnics, visits to parks or lakes and any outings that may necessitate crossing state lines.

I realize that TSA intends to take necessary precautions against injuries and accidents; Nevertheless, I agree absolutely the Therapeutic Services Agency, Inc. and its employees are free from any responsibility for any accidents, injury or other mishaps to above individual.

- _____ 4. I hereby give my consent for above named individual to participate in the following activities that I have indicated while in foster care with TSA. I understand the potential dangers involved and will not hold Therapeutic Services Agency, Inc. or the foster home liable in event of accident, injury or death.

_____ Ride in a vehicle with a licensed adult

_____ Ride on and/or operate an ATV

_____ Operate a riding lawn mower/lawn tractor

_____ Hunt, carrying his/her own gun

_____ Ride on and/or operate a snowmobile

_____ Operate a push lawn mower

_____ Jump on Trampoline

_____ Be in the company of someone who is hunting, without shooting or carrying a gun him/herself

_____ Ride in a vehicle with a licensed driver who is under the age of 18.

Please specify name of person(s) with whom your child may ride with:

Other: _____