



****Consent Form for Adult Day Care Services****

I, _____, hereby consent to participate in the adults' day out program provided by Joys of Year LLC. By signing this consent form, I acknowledge that I have read and understand the terms outlined below:

Client's Information:

- Name: _____
- Date of Birth: _____
- Address: _____
- Phone Number: _____
- Emergency Contact: _____
- Emergency Contact Phone Number: _____

Program Details:

I understand that the adults' day out program provided by Joys of Years LLC offers a range of services and activities designed for active and independent seniors during the day. These services may include, but are not limited to, social engagements, light and refreshing activities, such as walking, reading and visiting places.



Consent for Services:

I authorize the staff of Joys of Years LLC to provide the following services during my participation in the program:

- Participation in social activities and recreational programs.
- Companionship services that incorporate light outdoor activities
- Transportation services, if applicable.
- Programs that have sentimental values such as capturing memorable moments, writing short biographies.

Emergency Medical Treatment:

In the event of a medical emergency, I authorize the staff of Joys of Years LLC to seek emergency medical treatment on my behalf. I understand that every effort will be made to contact my designated emergency contact before any medical treatment is administered, but in situations where immediate action is necessary, I consent to receiving medical treatment as deemed necessary by healthcare professionals.

Release of Information:

I understand that my personal information may be shared with relevant healthcare providers and emergency responders as necessary for the provision of care. I consent to the release of this information for the purpose of coordinating my care and ensuring my safety while participating in the adult day care program.

Photography and Videography Consent:

I hereby grant permission for photographs and videos of myself to be taken during my participation in Joys of Years LLC's Adults' Day Out program. I understand that these images may be used for promotional and informational purposes, including but not limited to the center's website, social media channels, and marketing materials.



Confidentiality:

I understand that all information shared with the staff of Joys of Years LLC will be kept confidential in accordance with applicable privacy laws and regulations. This information will only be used to write my biography with my consent.

Acknowledgment of Risk:

I acknowledge that participation in the adult day out program involves certain risks, including but not limited to accidents, injuries, and exposure to infectious diseases. I understand that Joys of Years LLC will take reasonable measures to ensure my safety, but I agree to participate in the program at my own risk.

Signature

I have read and understand the terms of this consent form, and I voluntarily consent to participate in the adults' day out program provided by Joys of Years LLC.

Participant's Signature: _____

Date: _____

****Adult Child/Guardian Signature (if applicable):****

I, the undersigned, certify that I am the son/daughter or legal guardian of the participant named above, and I hereby consent to their participation in the adults' day out program provided by Joys of Years LLC.

Adult Child/Guardian Name: _____

Adult Child/Guardian Signature: _____

Date: _____