

**CUSTODIAL RELATIVE AUTHORIZATION AND RELEASE OF LIABILITY
FOR PROVISION OF SERVICES
BY LUCAS COUNTY CHILDREN SERVICES**

***Authorization to Provide Transportation, Respite Care,
Emergency Medical Care, and Related Services***

I/We _____ hold custody of
(insert name(s) of relatives)

the following named child(ren): _____
(insert names and dates of birth)

By voluntarily executing this document I/we provide authorization to Lucas County Children Services (hereinafter referred to as LCCS) to provide assistance to our family related to the above named children through providing respite care, transportation, emergency medical care and other supportive services as mutually agreed upon.

Specific services which have been agreed upon in addition to transportation for the above named children include:

This document expressly authorizes the temporary respite provider designated by LCCS, _____

(list specific names and addresses of respite provider(s))

to provide emergency medical care for the above named child(ren). Copies of medical insurance coverage and necessary medical information have been provided by us to the above designated LCCS respite care providers.

This authorization is effective commencing on _____, and expires on _____.

(Custodian)

(Date)

(Custodian)

(Date)

Release of Liability

By voluntarily executing this authorization/release form, I/We hereby waive liability for the above provision of services by Lucas County Children Services.

(Custodian)

(Date)

(Custodian)

(Date)

Witnessed

By: _____

(Date)