



COMMUNITY & LIBRARY SERVICES
Older Adult Services

SUPPORT SERVICES CONSENT

PARTICIPANT NAME			DATE OF BIRTH
ADDRESS			PHONE
CITY	STATE	ZIP	EMAIL
	▼		
EMERGENCY CONTACT			PHONE

CONSENT FOR SERVICES

I, the undersigned, hereby consent to receive the following services provided through Irvine Older Adult Services, City of Irvine.

- ☐ Special Needs Services/Scholarships
- ☐ CHAMPIONS Volunteer Visitor/Care Call
- ☐ Medical Equipment Loan Out (30 days)
- ☐ Assistance Program _____
- ☐ TRIPS & WeRide Program
- ☐ Other _____

WAIVER OF LIABILITY

INITIALS I, the undersigned, hereby release, indemnify and hold harmless the City of Irvine, Community and Library Services Department and of their officers, clients, agents, employees or volunteers from any liability of claim or action for damages in any way arising out of the participation in this program by the person(s) listed below.

RELEASE/OBTAINING OF INFORMATION

INITIALS I authorize Support Services, City of Irvine to contact _____ to obtain/release

information pertinent to my current situation for the purpose of care planning and coordination of referrals and services. This authorization shall remain in effect for up to (1) one year from date of signature.

NAME	SIGNATURE	DATE
WITNESS (SUPPORT SERVICES STAFF)	DATE	

The City of Irvine takes your privacy seriously. Pursuant to the California Public Records Act, much of the information requested on this form will become a matter of public record once submitted. However, this form asks you to provide the City with certain personal information that is being requested and will be utilized by the City for the specific and limited purpose of future City correspondence regarding the subject-matter of this form. Pursuant to Measure S, an initiative ordinance passed by City voters in 2008, the personal information noted by an asterisk (*) on this form will be kept confidential. Unless you expressly indicate to us otherwise or unless compelled by a court order, it will not be shared with other agencies, businesses or individuals. The remaining information on this form will be kept confidential to the maximum extent permitted by law.