

Any Special Needs: (need English interpreter, blind or visually impaired, deaf or hearing impaired, significant mobility issues, etc): _____

I give my consent to have a National MS Society Staff or Volunteer visit my home to complete a site assessment which is required prior to any service provisions Yes No

Print Name: _____

Signature: _____ Date: _____

DAY OF SERVICE CONSENT FORM

I understand and have agreed to participate in MS Day of Service as a recipient of service and have read and understand the boundaries of the program.

In addition I further agree to hold harmless the National MS Society, corporate sponsors, cooperating organizations and all parties connected with this program activity from any liability as a result of my participation. I will permit emergency treatment in the event of injury or illness while participating and I give permission to use my name (first name only if under age 18) and photo taken of me during the event in any promotional material, publication, or on the website.

I understand that the National Multiple Sclerosis Society withholds the right to refuse participation to anyone that may cause disturbance or deliberately disregard established rules and guidelines.

Print Name: _____

Signature: _____ Date: _____

In case of an emergency while Day of Service Volunteers are at the home, they will be instructed to immediately call 911. Please provide an Emergency Contact person who will also be contacted after 911.

EMERGENCY CONTACT INFORMATION

Emergency Contact #1:

Name _____ Relationship _____

Phone Number (s): _____

Please advise of any medical/allergy information/conditions:

Return to Chapter by

Email: Amber.stalker@nmss.org

Fax: 781-890-2089

Mail: 101a 1st Ave, Waltham MA 02451