



**MISCELLANEOUS AUTHORIZATIONS**

**SHORT TERM**

*(CHECK ALL APPROPRIATE BOXES)*

RESIDENT NAME: \_\_\_\_\_ ROOM NUMBER: # \_\_\_\_\_

**RELIGIOUS WORSHIP**

- I give Daughters of Sarah Nursing & Rehabilitation Center (“Center”) permission to release my name to my place of worship.

Religion/Denomination: \_\_\_\_\_

Place of Worship: \_\_\_\_\_

Clergy name: \_\_\_\_\_

- I hereby give the Center permission to release my name to the Catholic Eucharistic Minister for purposes of receiving Communion/Sacrament of the Sick.
- Please do not release my name (even to Eucharistic Ministers, my own clergy or place of worship).
- I am not affiliated with any place of worship.

**USE OF PHOTOGRAPHS**

- I hereby give permission and consent to the Center to use my photograph, likeness, or recorded voice and/or image for public relations, marketing, news, and archival purposes, to be used alone or incorporated in whole or part with other materials or in connection with any other Daughters of Sarah Community for Seniors organization, perpetually, exclusively, and for all media throughout the world (including print, non-theatrical, home video, CD-ROM, internet, social media and any other electronic medium presently in existence or invented in the future).
- I hereby decline to allow my photograph to be used by the Center for publication. (I recognize that my photograph must still be taken by the Center upon my admission for internal identification purposes.)

\_\_\_\_\_  
Signature of Resident or Resident Representative  
(If Power of Attorney, check here )

\_\_\_\_\_  
Date