



Release Form

For office use only:	
Received: ___/___/___	
Reviewed: ___/___/___	by _____
App/Dec: ___/___/___	Ttl Amnt: \$ _____
Photos Rcd: ___/___/___	#: _____
Posted online: ___/___/___	

El Baúl de Esperanza de Jesica
(fundación para niños gravemente enfermos)

This release form is executed this the day and year stated below by the undersigned to Jessica's Hope Chest, Inc. (a foundation for critically ill children) (referred to in this document as "the Foundation") for the purposes stated herein.

Jessica's Hope Chest, Inc. (a foundation for critically ill children) is a nonprofit foundation whose primary mission is to aid disadvantaged critically ill children who are receiving medical treatment for a life threatening disease or other medical condition described by a treating physician. The Foundation has acquired a website known as www.4jhc.org and other informational materials such as, but not limited to, brochures, leaflets, and posters. In using these materials, it is the intent of the Foundation to actively solicit funds to maintain its programs. To assist in such fundraising, it is desirable for our benefactors to identify with the children they aid. On its website and on any other promotional materials, the Foundation may use pictures of your child, a synopsis of the child's medical condition, and other written information provided by the child's caregivers. In order to do so, it is necessary for the Foundation to receive written permission from the child's parent(s) or legal guardian(s). On any published materials, the Foundation shall limit identification of the child and family members to usage of their first names only, and shall not share this information with other agencies (unless written permission is obtained from the child's parents or legal guardians).

The Undersigned are legal guardians for minor child _____
Print Child's Full Name

I/We do hereby give Jessica's Hope Chest, Inc. (a foundation for critically ill children) permission to place pictures and any information/communication received by the Foundation concerning said minor child on its website (www.4jhc.org) and/or any informational materials they distribute in seeking funds or other support. The undersigned recognize that there are dangers associated with the publication of any minor's pictures or personal information to the public; however, notwithstanding said risk, the undersigned authorizes the Foundation to publish said minor's pictures and information on the Foundation's website and/or any other promotional materials which may be disseminated to the public.

Executed this the _____ day of _____, _____
Date Month Year

*Parent or Guardian of minor child: _____
Print Full name Signature

Parent or Guardian of minor child: _____
Print Full name Signature

*Child's Social Worker: _____
Print Full name Signature

*This form requires at least one parent's/guardian's signature and one social worker's signature, though we do prefer that both parents/guardians sign.