**THE LIGHTHOUSE OUTREACH PROGRAM FELLOWSHIP BAPTIST CHURCH**

**2000-5TH Street North CRANBROOK, B.C. V1C 4Y1**

**CONSENT FORM**

Our Goal: to reach out in love, support and encouragement to individuals, couples and family members affected in the Early Stage of Alzheimer Disease/Dementia.

Our Focus: to provide a safe environment for the individuals attending the program and to offer respite for the caregiver.

Transportation will be the responsibility of the Spouse or Caregiver to and from the church.

The program will offer a variety of activities and social interaction and will be conducted by a group of volunteers.

Please indicate any dietary restrictions for the individual attending the program. Light snack will be provided.

Diabetic diet Yes\_\_\_\_\_ No\_\_\_\_\_

Gluten Intolerance Yes\_\_\_\_\_

Lactose Intolerance Yes\_\_\_\_\_ No\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anniversary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant attending the program must file a consent signed by a Spouse or Caregiver before attending the Outreach Ministry Program.

I grant permission to allow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print full name) to participate in:

The Lighthouse Outreach Program at Cranbrook Fellowship Baptist Church

Name of Spouse or Caregiver (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Indicating Consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information on this form is collected in strict confidence. For more information contact Pauline @ 250-420-1705

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Signature of Participant Date

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Signature of Facilitator Date