



St. Francis

HEALTHCARE SYSTEM OF HAWAII
A Legacy of Caring for Hawaii's People

St. Francis Adult Day Center

Consent to Photograph/Film/Interview Form

I, _____, do hereby authorize
PARTICIPANT

I, _____, do hereby decline authorization to
PARTICIPANT

St. Francis Adult Day Center to photograph and/or film or permit other persons to photograph and/or film for the purpose of marketing or advertising the adult day center program, and agree that they may use the negatives, print and/or film for this purpose.

If Participant is unable to sign for medical reasons, please acknowledge the relationship below:

PRINT NAME

RELATIONSHIP

SIGNATURE

DATE