

## Child Care Waiver and Emergency Contact

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mother's cell phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's name: \_\_\_\_\_

Father's cell phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency contact name if parent(s) can't be reached: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Hospital preference: \_\_\_\_\_

Special notes regarding your child (list allergies, medical conditions, etc.):

---

---

---

---

I / We, the undersigned, am/are the parent(s)  guardian(s)  (check one) of the above named child(ren), and I / we, in taking advantage of child care service provided by Trinity Lutheran Church, Darmstadt, IN, release and hold harmless TLC members, staff, and volunteers from any and all claims, demands, suits, costs, and charges, in connection with or arising out of the child care service, including, but not limited to, bodily harm or injury to my / our child(ren), except only for loss, harms or injury occasioned by intentional misconduct by the TLC members, staff, and volunteers. I / we further authorize TLC members, staff, and volunteers to administer, or cause to be administered, at my/our sole cost and expense, medical treatment and/or medication to the above named child(ren) in the event of any emergency.

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize transportation by ambulance or other emergency vehicle to my preferred medical treatment facility, and I give my consent for any and all treatment for my child(ren).

Signature of parent or guardian: \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_ Date \_\_\_\_\_