LIABILITY RELEASE WITH PARENTAL CONSENT FOR MEDICAL/EMERGENCY TREATMENT AND TRANSPORTATION

CHILD'S NAME DATE OF BIRTH		
ADDRESS	PHONE NUMBER	
	lawful parent(s) and/or guardian(s) of the ab I day care activities conducted by Wee Play C to said activities.	•
Play Childcare to provide for, a doctor's office or other institution may be needed for such healt execute any consent form requedical, surgical, or dental car	ner authorize(s) any of the staff, employees, a approve and authorize any health care at any ation, employ any physicians, dentists, nurses th care, review and if necessary disclose the c quired by medical, dental or other health auth re to the child. Health care shall include, but stion, performance of operations, diagnostic a	y hospital, emergency room, s or other person whose services contents of any medical records, norities incident to the provision of not be limited to the administration
The undersigned(s) hereby furnecessary by ambulance or ot	rther authorize(s) emergency transportation ther emergency vehicle.	by either day care personnel or if
	ncy, the day care staff will first use reasonabl ministering or authorizing any treatment.	e efforts to contact the parent(s)
=	ions in this consent form, Wee Play Childcare taining procedures for the child.	e shall not have the authority to
happen. The undersigned(s) a day care and agree(s) to relea employees and agents of and of action in respect of death, i	ofed and the children are consistently superv ssume(s) all risk of injury or harm to the child se, indemnify, defend and forever discharge from all liability, claims, demands, damages, injury, loss or damage to the child, or by the g the child's participation in the day care.	d associated with participation in the Wee Play Childcare and its staff, costs, expenses, actions and causes
Parent Signature	Printed Name	 Date