

Childcare Permission, Medical Authorization and Liability Waiver



A separate form must be completed for each child.

Child's Information

Child's full name: _____

Date of birth: _____

Parent/Guardian Information:

Parent/Guardian (1) Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Email: _____

Phone number accessible during 2019 Diocesan Convention: _____

Cell phone number: _____

Other phone number: _____

Parent/Guardian (2) Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Email: _____

Phone number accessible during 2019 Diocesan Convention: _____

Cell phone number: _____

Other phone number: _____

Authorized Emergency Contact:

Name: _____

Relationship to the child: _____

Phone number accessible during 2019 Diocesan Convention: _____

PLEASE NOTE: All children must be signed in and out each day by a parent/guardian, or an adult named above as the authorized emergency contact by the parent/guardian. Your child will not be allowed to leave with any other person. We will also ask for photo I.D.

Medical Information:

Allergies: _____

Medical Condition(s) or Health Concern(s): _____

Medication(s): _____

Medical Authorization:

I understand that personal injury can and may occur to my child, and in the event of an emergency I understand I will be contacted immediately. If I cannot be contacted immediately, I/we the parents/ legal guardian(s), hereby authorize and consent to, in the case of an emergency illness or injury that occurs during this event, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment or hospital care deemed advisable by, and to be rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care that is deemed advisable in the best judgment of the physician. I/we authorize the Authorized Emergency Contact listed above, or another appointed advisor present at this event at which an illness or injury occurs to make emergency medical decisions on behalf of our child in the event I/we cannot be located; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

Family Health Insurance: _____ Policy #: _____

Phone: _____

Family Doctor: _____ Phone: _____

General information:

When my child is crying he/she can be soothed by: _____

If the child cannot be soothed, the Childcare staff will contact the parent/s to come and pick up the child.

My child may have apple juice, water, Cheerios, or Gold Fish provided by Childcare staff: Yes No

My child is potty trained: Yes No

My child may have their diaper changed by Childcare staff: Yes No

Parents will need to provide any needed diapering supplies.

Acknowledgement of Childcare Guidelines:

As parent or legal guardian of this child, I acknowledge the following guidelines for Childcare:

- A parent or legal guardian must sign in and sign out my child for Childcare.
- My child will only be released to a parent/legal guardian, or authorized emergency contact listed above. They will not be released to any other adults or children.
- I will provide any needed diapering or feeding supplies for my child.
- I will provide information on any allergies or health concerns for my child.
- I will remain on the McClellan Conference Center premises.

Additional Information:

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the properties visited, or other's personal property. I realize the potential dangers incidental to engaging in the activities and program for which this registration is submitted and voluntarily and knowingly assume the risks of engaging in this program and its activities. I hereby release the Episcopal Diocese of Northern California and the McClellan Conference Center, their employees, agents, and volunteers from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event. I agree and consent to all of the above stated.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian printed name: _____