



EMERGENCY MEDICAL CONSENT AND LIABILITY WAIVER

Please Read and initial below

The undersigned parent or legal guardian hereby expressly grants to Children Creative Center, and its authorized staff consent to emergency medical care for the child when Children's Creative Center is immediately unable to make contact with the parent or legal guardian and because waiting for the parent's or legal guardian's consent would jeopardize the health and welfare of the child. X_____

The undersigned parent or legal guardian assumes all risk of injury or harm to the child while the child is at Children's Creative Center or on approved field trips. The parent or legal guardian agrees to fully release, indemnify, defend, and forever discharge Children Creative Center, its owners, staff, employees, and agents of and from all liability, claims, demands, damages, costs, expenses, actions, and causes of action in respect of death, injury, loss, or damage to the child, or by the child, howsoever caused, arising out of or to arise by reason of or during the child's participation in Children's Creative Center. X_____

Child's Name: _____ Date of Enrollment: _____

Parent/Guardian Name (1): _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Parent/Guardian Name (2): _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email _____

Insurance Provider _____

Child's Medical Number: _____

Preferred Hospital/Treatment Center _____

Child's current medications:

Child's allergies:

Parent/Guardian Signature: _____ Date: _____