

Spunky Kids Child Supervision & Activity Room Waiver and Emergency Contact; Wedding

Child(ren) Information:

Child's Name & Age: _____ Potty Trained? _____

Child's Name & Age: _____ Potty Trained? _____

Child's Name & Age: _____ Potty Trained? _____

Parent Information:

Parent Name: _____ Cell Phone: () _____

Parent Name: _____ Cell Phone: () _____

Emergency Contact/Alternate Pickup: Name: _____ Phone: () _____

Medical Information:

Does your child have any medical conditions we should know about? (yes) (no) If yes, please explain.

Does your child have any allergies? (yes) (no) If yes, please explain.

Any special notes regarding your child(ren)?

I/We, the undersigned, are the parent(s) of the above named child/children and we agree, in taking advantage of this child care services, to release and hold harmless Carly Ferguson and Spunky Kids, LLC from any and all claims, demands, suits, cost, and charges in connection with or arising out of the child care service, including, but not limited to, bodily harm or injury to our children, except only for loss, harms or injury occasioned by gross negligence or intentional misconduct by Spunky Kids, LLC. I hereby grant permission for Spunky Kids, LLC and its childcare providers full authority to take whatever actions they deem necessary regarding my child's health and safety in the event I cannot be reached or in the situation where time is of the essence; and fully release Spunky Kids, LLC and its childcare providers from any liability in connection with those decisions, I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff if needed. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible.

I HAVE READ AND UNDERSTAND THIS ON-SITE WAIVER AND CONSENT FORM AND SIGN VOLUNTARILY AND ENTIRELY OF MY OWN FREE WILL

Parent Name (please print): _____

Parent Signature: _____ Date: __/__/__