



Medical and Liability Release Form

Child's Full Name: _____ Δ Male Δ Female DOB: _____ Age _____

Childs Doctor: _____ Phone: _____

Address: _____

Childs Dentist: _____ Phone: _____

Address: _____

Emergency Contact #1 (Authorized to pick-up) _____ Relationship(_____)

Address: _____ Phone: _____

Emergency Contact #2 (Authorized to pick-up) _____ Relationship(_____)

Address: _____ Phone: _____

Name of Insured: _____ Insured's Employer: _____

Authorization to Consent to Medical Treatment/Medical Release

I give my consent that in the event my child is slightly injured (cut, scrape, bruised) during regular activity, Hand in Hand is authorized to take one or more of the following actions: wash the cut with warm water and place a bandage on the area (no ointment will be applied). If the child needs another type of first aid, I authorized the staff to use their certified first aid training and discretion in this area. I understand I will be notified in writing when I return that my child sustained a milk injury during the course of the day.

Signature of Parent/Guardian: _____ Date: _____

Authorization to Consent to Medical Treatment/Medical Release

I give consent that in the event my child becomes ill or injured at Hand In Hand and I cannot be reached, Hand in Hand is authorized to take on or more the following actions: a) release my child to the emergency contact 1 or 2 listed above who also becomes authorized to pick up the child, b) contact the physician indicated and follow his/her directions, c) call 911 and transport my child to an emergency medical facility, d) contact the poison control center if my child is exposed to a toxin and follow their guidelines. Hand In Hand will not be held financially responsible for any emergency care or transportation.

Please list preferred hospital name and location: _____

Signature of Parent/Guardian: _____ Date: _____

Authorization to Participate in Activities/Liability Release

I give my consent that in the event my child is to participate in HIH daily activities approved by the directors, teachers, assistants, and other representatives of the church or ministry. I understand that by participating in certain physical activities my child may be exposed to risks. I understand that Hand in Hand does not assume any responsibility in case an accident occurs. I hereby release and indemnify Hand in Hand leadership from any and all liability claims suffered by my child while involved in normal, daily activities.

Signature of Parent/Guardian: _____ Date: _____