

Shepherd of the Hills Child Development Center

Release Form

Child's Name _____

- As part of the consideration for the Child Development Center (CDC) teachers, we relieve them of legal obligation while our child is in their care, except in the case of negligence of the CDC.

The school will not be responsible for anything that may happen as a result of false information or lack of information given at the time of enrollment.

Parent Signature _____ Date _____

In case of emergency notify: (Other than parent / guardian if possible)

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

Medical Conditions: (Please circle all that apply)

Asthma Diabetes Seizures Other _____

Allergies to Medication _____

Food Allergies _____

Consent for Treatment

If a sudden illness or other serious medical emergency should occur and I cannot be reached, I hereby give my consent for any emergency medical services necessary while my child is participating in activities during the school year at Shepherd of the Hills Child Development Center. I authorize the person in charge to call 911. As parent or guardian, I accept responsibility for payment of medical obligations. I understand that the Center will provide no transportation for students.

Parent / Guardian Signature _____ Date _____