

Nonna's Medical & Liability Release Form

Intergenerational Christian Montessori Daycare

Child's Full Name _____ Male Female DOB _____ Age (as of 9/1) _____

Father's Name: _____ Mother's Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell: () _____

Child's Doctor: _____ Phone () _____

Address: _____

Child's Dentist: _____ Phone () _____

Address: _____

Emergency Contact #1 (Authorized to Pick Up) _____

Address: _____ Phone () _____

Emergency Contact #2 (Authorized to Pick Up) _____

Address: _____ Phone () _____

Does your child have any allergies or other dietary needs? If so, please list: _____

Is your child on any medications? If so, please list: _____

Have there been any written assessments done for your child? If so, please list: _____

Name of Insured: _____ Insured's Employer: _____

Authorization to Consent to Use an Adhesive Bandage and First Aid

I give my consent that in the event my child is slightly injured (cut, scraped, bruised) during regular activity, Nonna's 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 authorize 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 mild injury during the course of the day.

Signature of Parent/Guardian: _____ Date: _____

Authorization to Consent to Medical Treatment/Medical Release

I give my consent that in the event my child becomes ill or injured during Nonna's and I cannot be reached, Nonna's is authorized to take one or more of the following actions: a) release my child to the Emergency Contact 1 Or 2 listed above who also becomes authorized to pick up my 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. Nonna's 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 to participate in Nonna's 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 Nonna's does not assume any responsibility in case an accident occurs. I hereby release and indemnify Nonna's leadership from any and all liability claims suffered by my child while involved in normal, daily activities.

Signature of Parent/Guardian: _____ Date: _____