

## Weekday Preschool/Parent's Day Out

### EMERGENCY RELEASE AND CONSENT FORM

**NOTICE:** Hamilton Hills Church and Hamilton Hills Preschool/Parent's Day Out do not provide health insurance coverage for participants in activities. We assume the parents have this coverage.

I understand and hereby agree to assume all of the risks which may be encountered in the Hamilton Hills Church Weekday Preschool/Parents's Day Out program, including activities preliminary and subsequent thereto. I do hereby agree to hold Hamilton Hills Church and its affiliates, its employees and volunteers, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

In the event my child becomes injured or ill during any activity and I cannot be reached, I authorize the Weekday Preschool/Parent's Day Out Director or their representative to secure first aid and/or the services of a physician or hospital and agree to assume any financial obligations incurred therewith. I agree to hold harmless Hamilton Hills Church and the Hamilton Hills Preschool/Parent's Day Out and the medical center and their respective employees, agents and all others associated therewith from any liability in authorizing emergency health care for my named child in good faith under this authorization.

Child's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Relative's Name: \_\_\_\_\_

Friend's Name: \_\_\_\_\_ Neighbor's Name: \_\_\_\_\_

Child's Teacher: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**\*\*The notary must witness the signatures\*\***

Mother's/Guardian's Signature

Father's/Guardian's Signature

\_\_\_\_\_

\_\_\_\_\_

Mother's/Guardian's Name Printed

Father's/Guardian's Name Printed

\_\_\_\_\_

\_\_\_\_\_

**Do not write below this line**

-----  
-----

**Dated: Month \_\_\_\_\_ Day \_\_\_\_\_, 2 \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_  
**Notary Public Signature**

**Expiration Date**

\_\_\_\_\_  
\_\_\_\_\_  
**State \_\_\_\_\_ County**  
\_\_\_\_\_