

# PARENT WAIVER AND RELEASE FORM

Children's Ministry of First Presbyterian Church, Kalispell

October 2016-September 2017

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Allergies: y / n If yes explain: \_\_\_\_\_  
Special note of things to know: \_\_\_\_\_

Additional child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Allergies: y / n If yes explain: \_\_\_\_\_  
Special note of things to know: \_\_\_\_\_

Additional child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Allergies: y / n If yes explain: \_\_\_\_\_  
Special note of things to know: \_\_\_\_\_

*No internal medicine will be given to a child by FPC. Parents are responsible for administering medication. FPC has the right to refuse care for any child with a fever, signs of sickness or disease in order to protect other children and staff.*

Parent/Guardian's name: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact if parent/guardian cannot be reached: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_ Phone: \_\_\_\_\_

Yes / No: I give permission to take pictures of your child to use in promotional materials.

I/We, the undersigned, are the parent/guardian(s) of the above named child/children and we agree, that there is a \$5 fee for every \$5 minutes late for pickup in addition to the \$5 charge for each monthly **PNO (Parent Night Out) events only** – due to staff paid by the hour.

I understand that the leaders of this childcare program will take all reasonable safety precautions, and that the possibility of unforeseen hazards does exist. I further agree, to release and hold harmless First Presbyterian Church Kalispell, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form, from any and all claims, demands, suits, costs 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.

In the event that I/We cannot be reached to make arrangements for emergency medical attention, I authorize First Presbyterian Church to seek any emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (DDS) to the above named child/children. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my child.

I understand that I may be required to show a valid driver's license each time that I drop off and pick up my child.

Signature of parent(s) or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Printed) Name of parent(s) or guardian: \_\_\_\_\_

*Please let staff know if there is any significant developmental milestones or behavioral issues you are working on so we can do our best to reinforce your wishes and support your child's growth.*