

Cell Phone No. _____

CHILD CARE WAIVER AND EMERGENCY CONTACT

Child's name _____ Age _____ Birthday _____

Parent's name _____ Driver's License No. _____

Alternate name _____ Driver's License No. _____

Emergency contact if
Parent cannot be reached _____ Phone No. _____

Special notes regarding your child _____

I/We, the undersigned, are the parent(s) of the above named child/children and we agree, in taking advantage of this child care service, to release and hold harmless Abilene Christian University and University Church of Christ, its officers, trustees, agents, and employees, 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 by the ACU and/or University Church, its officers, agents and employees and further authorize Abilene Christian University to administer, or cause to be administered, at my/our sole cost and expense, medical treatment and/or medication to the above named child/children in the event of any emergency.

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Abilene Christian University child care coordinator or person in charge to take my child to the Pediatric Associates, and I give my consent for any and all treatment for my child when the child is in this individual's care.

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

I understand that Pediatric Associates will be the facility used in case of a medical emergency.

Signature of parent or guardian _____ Date _____

NOTE TO PARENTS

We need this information the first time you bring your child for care. Each time afterwards, please use the sign-in sheet.