

RESTORE

1603 LOCUST ST, SUITE A, YANKTON, SD 57078
CONNECT@RESTOREYANKTON.COM /// 605.215.1818

SAVE

CONNECT

EQUIP

SEND

CHILDCARE WAIVER AND EMERGENCY CONTACT

Child Information:

Child's Name: _____ Age: _____ Birth Date: ___/___

Child's Name: _____ Age: _____ Birth Date: ___/___

Child's Name: _____ Age: _____ Birth Date: ___/___

Child's Name: _____ Age: _____ Birth Date: ___/___

Parent Information:

Parent Name: _____ Cell Phone: _____

Parent Name: _____ Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

Medical Information:

Does your child have any medical conditions we should know about? YES / NO
(If yes, please explain)

Does your child have any allergies? YES / NO
(If yes, please explain)

Special note regarding your child/children (e.g. eating schedule, napping, etc.)

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I/WE, the undersigned, are the parent(s) of the above-named child/children and we agree, in taking advantage of this childcare service, to release and hold harmless Restore Church from any and all claims, demands, suits, costs, and charges in connection with or arising out of the childcare 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 Restore Church. I hereby grant permission for Restore Church and its volunteer's full authority to take whatever actions they deem necessary regarding my child's health and safety in the event I cannot be reached or in a situation where time is of the essence; and fully release Restore Church and its volunteers from any liability in connection with those decisions, I grant permission for emergency health care facility staff if needed. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible.

I HAVE READ AND UNDERSTAND THIS ON-SITE CONSENT AND WAIVER FORM AND SIGN VOLUNTARILY AND ENTIRELY OF MY OWN FREE WILL.

Parent Name (please print) _____

Parent Signature _____ Date: ___/___