



Waiver of Liability

I/We, the parents of _____,

release the staff of Discover My Father's House from any and all liability of damages or injuries resulting from my/our child(ren)'s participation in all normal program activities, including, but not limited to, Physical Education classes and

recess. As safety rules are part of the learning environment, I/We will not hold the faculty and/or staff of Discover My Father's House responsible, either jointly or individually, for injuries that may result from my/our child(ren)'s disobedience of the rules.

In case of emergency, I/we understand that every effort will be made to contact the persons listed below. I/We authorize Discover My Father's House staff and/or qualified medical personnel (911) to administer any needed treatment, including hospitalization, for the welfare of my/our child(ren). I/We accept responsibility for all expenses incurred in treatment.

I/We understand that Discover My Father's House staff is not responsible for administering any medication to my/our child(ren) for any reason. If my/our child(ren) requires any medication during the school day, it is my/our responsibility to dispense them at the time needed.

In case of emergency, other than the parents, please contact:

Name: _____ Name: _____

Phone: _____ Phone: _____

Health Insurance? Yes ___ No ___ Carrier: _____ Policy #: _____

Family Doctor/Pediatrician: _____

Address: _____ Phone: _____

Child: _____ Allergy: _____

Child: _____ Allergy: _____

Child: _____ Allergy: _____

Child: _____ Allergy: _____

Special needs? Yes ___ No ___ If yes, please explain on the reverse side of this form.

Individuals authorized to pick-up my/our child(ren) other than the parents:

Name & Phone: _____ Relationship to Child: _____

Name & Phone: _____ Relationship to Child: _____

I/We understand and agree to the policies and waivers above:

Father's
Signature: _____ Date: _____

Mother's
Signature: _____ Date: _____