

As the parent or legal guardian of:

**Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Gender:  Male  Female Date of Birth: \_\_\_\_\_

I, the undersigned, give Red Hat Day Care Center and their staff permission to seek and administer emergency medical care that may be needed for my child, for treatment of illness or injury that may occur while my child is in their care. With understanding that Red Hat will seek to find most expeditious emergency resolution, take care to inform individuals on my child’s contact list and my child pediatrician, and follow advise of medical personnel, I give Red Hat permission to seek such medical care on my behalf.

Signature of a Responsible Parent/Guardian: \_\_\_\_\_  
Signer’s Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Medical Insurance Information**

Child’s Medical Insurance Company: \_\_\_\_\_  
Primary Insured: \_\_\_\_\_  
Group # \_\_\_\_\_ ID # \_\_\_\_\_

(Please include a copy of your medical insurance card)

**Limited Waiver of Liability**

Red Hat Day Care Center is dedicated to safety in administering education, recreation, and sport programs to all children. Our staff is trained to provide maximum protection for your child while in our care.

Still, injuries can occur, and children fall ill for reasons that are often outside of our control.

I, the undersigned, fully understand the risks involved in my child’s participation in day care center activities. To the best of my knowledge, my child has no medical conditions, which would conflict with his/her participation in the Red Hat Day Care Center activities. I agree to waive the right to press legal charges against Red Hat Day Care Center, its officers and staff, unless there is clear demonstration of negligence by Red Hat.

Signature of a Responsible Parent/Guardian: \_\_\_\_\_  
Signer’s Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_