



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 schedule, etc.)



I/We, the undersigned, are the parent(s) of the above named child/children and we agree, in taking advantage of this child care services, to release and hold harmless Black-Tie Babysitting from any and all claims, demands, suits, cost, 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 Black-Tie Babysitting. I hereby grant permission for Black-Tie Babysitting and its employees 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 the situation where time is of the essence; and fully release Black-Tie Babysitting and its employees from any liability in connection with those decisions, I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or 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: __/__/__