

Emergency Consent

**FIRST AID/ EMERGENCY MEDICAL CARE CONSENT FORM**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize the staff at Jake's Place whom are trained in the basics of CPR/first aid to give my child CPR/First Aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

Child's Physician Name: \_\_\_\_\_

Address/Phone \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

Individual Health Care Plan on File for Emergency Medication: Circle one: Y N

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

**WHO SHOULD WE CALL FIRST IF YOUR CHILD IS SICK?**

Parent #1 Cell: \_\_\_\_\_ Parent #1 Work: \_\_\_\_\_

Parent #2 Cell: \_\_\_\_\_ Parent #2 Work: \_\_\_\_\_

**Emergency Contacts other than Parent (In order to be contacted)**

1. Name:	Address:
Relationship to Child:	Phone #:
Do you give permission for child to be released to this person? Yes	No
2. Name:	Address:
Relationship to Child:	Phone #:
Do you give permission for child to be released to this person? Yes	No
3. Name:	Address:
Relationship to Child:	Phone #:
Do you give permission for child to be released to this person? Yes	No

I agree, by allowing my child(ren) to enroll at Jake's Place, that Jake's Place shall not be liable to any direct, indirect, special consequential or exemplary damages for any and all injury and/or harm to you and/or your child incurred in or around the property. I willingly assume full responsibility for the risks that I am exposing my child(ren) to and accept full responsibility for any and all injury or death that may result from his/her participation in any and all activity or class facilitated by Jake's Place. In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily allowing my child(ren)'s participation at Jake's Place, I hereby release Jake's Place, their principals, agents, employees and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my child(ren)'s participation including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. I recognize that there is a risk involved in the types of activities offered at Jake's Place, and I therefore accept any and all financial responsibility for any and all injury that my child(ren) or I may cause either to myself or to others. Should the above mentioned parties, or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I will reimburse them for such fees and costs. I agree to indemnify and hold harmless Jake's Place their principals, agents, employees, and volunteers from any and all liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while my child is participating in activities offered by Jake's Place. I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL AND CONSENT.

NAME \_\_\_\_\_ DATE \_\_\_\_\_