



Hangar5, LLC
809 N 2nd St.
Marshall, IL 62441
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Consents to Hangar5, LLC Staff

Firearms/Weapons Policy
Emergency Medical Care
Administer Prescription Medicine
Administer Over-The-Counter Medicine
Excursions and Public Park Facilities
Swimming
Permission to Photograph
Use of Technology

Firearms/Weapons Policy

All staff, parents, guardians, or anyone else that may enter the building are prohibited from carrying firearms or weapons of any sort while on the premises. This also includes those who have a valid Conceal Carry License through the State of Illinois.

Parent/Guardian Signature _____

Date _____

Relationship to Child: _____

Parent/Guardian Signature _____

Date _____

Relationship to Child: _____

Decline Signature: _____

Emergency Medical Care

Name of Child: _____

I/We hereby give my/our permission to **Hangar5, LLC Staff members** to call/seek medical attention for my/our child should an emergency arise. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependant. It is understood that a conscientious effort will be made to contact me/us before emergency action will be taken, but if this is not possible the expenses of emergency medical treatment or care will be accepted by me/us. My preferred doctor/clinic/hospital is: _____

An up to date copy of medical insurance must be on file and attached to this signed form in the event of an emergency as well as up to date emergency contact information.

Parent/Guardian Signature

Date

Relationship to Child: _____

Parent/Guardian Signature

Date

Relationship to Child: _____

Decline Signature: _____

Administer Prescription Medicine

I/We Authorize **Hangar5, LLC Staff Members** to administer prescription medicine to my/our child as specified in written instructions and when provided by the parents/guardians.

All medication will be stored in a locked cabinet in the kitchen and only given as prescribed by the written instructions. If refrigeration is required it must be pack in an insulated bag with an ice pack. All medication dispensed will be logged and can be reviewed at any time by parents or staff.

Parent/Guardian Signature

Date

Relationship to Child: _____

Parent/Guardian Signature

Date

Relationship to Child: _____

Decline Signature: _____

Administer Over-The-Counter Medicine

I/We Authorize **Hangar5, LLC Staff Members** to administer over-the-counter medicine to my/our child as specified in written instructions and when provided by the parents/guardians.

All medication will be stored in a locked cabinet in the kitchen and only given as prescribed by the written instructions. If refrigeration is required it must be pack in an insulated bag with an ice pack. All medication dispensed will be logged and can be reviewed at any time by parents or staff.

Parent/Guardian Signature

Date

Relationship to Child: _____

Parent/Guardian Signature

Date

Relationship to Child: _____

Decline Signature: _____

Excursions and Field Trips

I/We authorize **Hangar5, LLC Staff Members** to take my/our child on walking trips to nearby public facilities when weather permits. I/We understand all such trips are under the supervision of Hangar5, LLC staff only.

Parent/Guardian Signature

Date

Relationship to Child: _____

Parent/Guardian Signature

Date

Relationship to Child: _____

Decline Signature: _____

Swimming

I/We consent to my/our child using the Marshall Public Swimming Pool at 502 N. 2nd St. Marshall, IL 62441 under the supervision of **Hangar5, LLC Staff Members**.

My child is a (circle one) non-swimmer Beginner Intermediate Can Swim w/o direct supervision

Parent/Guardian Signature

Date

Relationship to Child: _____

Parent/Guardian Signature

Date

Relationship to Child: _____

Decline Signature: _____

Permission to Photograph/Video

I/We consent to authorize Hangar5, LLC Staff members to photograph/video my child for the following purposes:

- Sandbox Parent app
- Hangar5.Life website
- Hangar5 Facebook Page
- Display on bulleting boards within the facility
- Give photographs/videos to other parents possibly containing your child

Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility social media.

Parent/Guardian Signature

Date

Relationship to Child: _____

Parent/Guardian Signature

Date

Relationship to Child: _____

Decline Signature: _____

Use of Technology

I/We consent to my/our child using technology (tablets) at the facility.

My child is allowed (circle one) None 30 minutes 1 Hours 3 Hours Unlimited on a daily basis

Each child is expected to participate in daily activities and the time limits stated above do not supercede group activities. If your child brings their own technology they will be expected to put it away when directed.

Parent/Guardian Signature

Date

Relationship to Child: _____

Parent/Guardian Signature

Date

Relationship to Child: _____