

MEDICAL LIABILITY WAIVER

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| <u>CHILD'S FULL NAME:</u> | |
| <u>PARENT #1 FULL NAME:</u> | |
| <u>PARENT #2 FULL NAME:</u> | |

We, _____, the parents of

_____, sign and agree to the following:

We understand and agree to a full and complete waiver and liability release on the part of Kinder Tykes in connection with my child's enrollment at the school. This includes my child's participation in all activities, including but not limited to, the playground, field trips, classroom activities, and walks in the neighborhood. I understand and agree that this liability release will apply to my child's entire attendance at Kinder Tykes and participation in all the school's activities. We hereby release the school and any employee of all liability, claims, and actions that arise from an injury or death of my child.

We authorize anyone working at the school to obtain medical care for my child and to transport my child to a hospital if in the workers opinion that medical care for my child is needed. We agree to pay all costs associated with the medical care including transportation, medical care, medication, and any other costs associated. We understand and agree that the school and its employees are not responsible for any costs incurred.

We acknowledge that we have carefully read this form and understand and comply with all contents.

Parent Signature

Date

Parent Signature

Date

Administration Signature

Date