



Hunter's Academy Childcare LLC

Parents' Night Out Registration & Waiver Form

Parent/Guardian Name:

Phone Number:

Email Address:

Child(ren)'s Name(s) and Age(s):

Emergency Contact Name & Number:

Allergies or Special Needs:

Pick-up Person Name (if different):

Any Additional Notes:



Hunter's Academy Childcare LLC

Parents' Night Out Registration & Waiver Form

Parent Signature: _____ Date: _____

Waiver and Release of Liability

I, the undersigned parent or legal guardian, authorize Hunter's Academy Childcare LLC to provide basic first aid, administer an EpiPen in case of a life-threatening allergic reaction, and change my child's diaper or assist with toileting needs. I release and hold harmless Hunter's Academy Childcare LLC, its staff, and volunteers from any and all liability that may arise from administering medical treatment or diapering/toileting assistance during the course of care.

I understand that this authorization includes, but is not limited to, the use of gloves and appropriate sanitary practices when changing diapers or assisting with bathroom routines. I further agree to inform the staff of any special considerations regarding allergies, sensitivities, or instructions relevant to my child.

Parent/Guardian Signature: _____ Date: _____