KiddieCorp Children's Program Consent Form

Child(ren)'s first and last				
Name:	Age:	Name:	Age:	
Name:	Age:	Name:	Age:	
		re child(ren) from the Kid required when checking ou Relationship:	ddieCorp children's program: t children):	
Name:	Relationship:			
	• •		children taking medication? dministration of any medications.)	
Do any of your children ha	ave health limitations or	special needs? Any birth	marks or injuries we should be	
ourselves, our child/ward release and agree to ind directors, agents, employ the program will be he hereafter arise from ou	I (or children/wards), and demnify and hold harmles wees, assigns, vendors, and ld (collectively "the Rear child's/ward's (or child	each of our respective heir s KiddieCorp, d the owners and/or lesso leasees"), from any and	iddieCorp children's program. For s, assigns, and next of kin, we hereby, and their respective officers, ors of the facility or facilities where all claims which may now or on in the KiddieCorp program. We luct or gross negligence.	
concern, KiddieCorp h	as our permission to	administer first aid, co	e event of an emergency or health entact our pediatrician, or obtain uses incurred due to an emergency	
Signature:]	Date:	
Parent/Guardian Name:		(Cell #:	
Address:				
City:	State:		Zip:	
Pediatrician's Name:			City:	
Emergency Contact (someone not with you):]	Number:	

We suggest you make a copy of your completed form as a reference. Confirmations will not be sent. KiddieCorp reserves the right to limit participation of any child whose presence or behavior mat disrupt the program or endanger the health and safety of others.