

INDEMNIFICATION

CHILD'S NAME _____
ADDRESS _____

Please List a contact person below in case of an emergency.
EMERGENCY CONTACT _____
ADDRESS _____

TELEPHONE NUMBER _____
PHYSICIAN TO BE CALLED _____
ADDRESS _____

These authorizations are in effect _____
(Date)

_____ will be participating in the Saucon Valley Community Center child care _____ Program. I will assume all risks and hazards incidental to participate in the above mentioned activity. I hereby waive, release, indemnify, absolve and agree to hold harmless the Saucon Valley Community Center, its officers, staff, employees, agents, and participants for any claim whatsoever arising out of injury to my child and all claims regarding to personal property.

(Signature of Parent or Guardian)

MEDICAL INFORMATION:

ALLERGIES

Food None
Bee None
Other None

ASTHMA

YES _____ NO x
Inhaler YES _____ NO x
LIMITATIONS none

OTHER PHYSICAL LIMITATIONS

None

