

STEP BY STEP PRE-SCHOOL

63 Paddington Terrace, Kingston 6

978-8207, 978-6213

LIABILTY WAIVER, CONSENT TO TREAT

Child's Name: _____

Date of Birth: _____ Age: _____ Gender: _____

I, _____ grant permission for my child _____ to participate in the various programs and activities offered by Step by Step Preschool. These various programs and activities will take place under the guidance and direction of employees and or volunteers from Step by Step Preschool.

To the best of my knowledge, my child _____ is in good health except as noted below. In the event of medical emergency, I give permission for my child to be transported to a hospital by teachers of Step by Step and receive emergency medical / surgical treatment and I assume full financial responsibility for any and all treatments.

Conditions/Allergies/medications _____

(I understand it is my responsibility to update this information if or when it changes)

In the event of emergency if you are unable to reach me please contact:

Name _____ Relationship _____

Home phone _____ Cell number _____

PARTICIPATION WAIVER: As with any activity I understand that there may be risk of injury or harm. I agree to be responsible for any medical expenses incurred by my child / children's while participating in sessions. I agree to hold the staff and volunteers of Step By Step Limited, and their families, harmless from, and indemnify them from, any and all damages or loss arising as a result of my child / children's participation in activities.

Parent / Guardian's signature _____ Print name _____ Date _____

Home address: _____

Home phone: _____ Mother's cell _____ Father's cell _____

Please attach a copy of your child's insurance card front and back and complete all of the following:

Insurance Carrier: _____ Insurance I.D. # _____

Policy Holder: _____ Policy Number: _____