



Child Care Provider Medical Release and Liability Waiver

I, the undersigned parent/guardian of _____, do hereby authorize my child to participate in the on campus planned activities offered by Kingdom Kids Preschool and Kindergarten. I understand that during all on campus activities, my child will be under the direction and general supervision of Kingdom Kids Preschool and Kindergarten and the classroom teachers selected by the school.

MEDICAL RELEASE

In the event my child needs medical attention while under the supervision of Kingdom Kids Preschool and Kindergarten, I hereby give my permission to Kingdom Kids Preschool and Kindergarten’s designated representatives to take my child to a physician, hospital, or other medical institution for treatment. I understand that Kingdom Kids shall make every reasonable attempt to immediately contact me or my designee prior to provision of medical treatment to my child, but that it may not be feasible to do so or I may otherwise be unreachable. I understand and agree that I, and/or my child’s other parent(s)/legal guardian(s), am responsible for all medical expenses incurred in treating my child and that Kingdom Kids Preschool and its representatives are not responsible for such expenses.

LIABILITY WAIVER

Other than those resulting from negligence or misconduct, I hereby release and hold harmless Kingdom Kids Preschool and Kindergarten and its owners, directors, officers, advisors, employees and all other persons or entities acting for them from any liability as a result of personal injury or property damage occurring while my child/children are in their care.

The medical consent and liability waiver provisions hereof shall remain in full force and effect until written notice of revocation or withdrawal is received by Kingdom Kids Preschool and Kindergarten at its office at 3018 N. Beltline Road, Sunnyvale, Texas 75181. It is the responsibility of the parent or guardian to notify Kingdom Kids Preschool and Kindergarten of any changes in medical condition, guardianship, address or phone change in writing to the physical or email address as listed above.

_____/_____
Parent or guardian signature Date

Child’s name (printed)