

NURSERY LIABILITY RELEASE

**This form must be completed by all members and guests using our nursery.
Please return the form with your membership form or directly to the nursery reservations coordinator.**

I, the undersigned, as parent or guardian, and acting on behalf and with the authority of any other parent, guardian, or legal representative of (list names of all children) _____

hereby release, discharge and agree to hold harmless, the Lake Highlands Area Early Childhood PTA and any of its officers, directors, and members, of and from any and all liability, claims of liability, causes of action claims or assertions for any personal injuries, damages or otherwise, which may arise, or be in any way connected with the provisions of babysitting or nursery services by the Lake Highlands Area Early Childhood PTA and any of its officers, directors, or members.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____

MEDICAL AUTHORIZATION RELEASE

To whom it may concern:

As the parents of: _____ (list names of children)

addresses: _____,

we authorize the bearer of this letter to approve medical treatment for our son/daughter if it is required and we are unable to be reached.

Contact Information	Home Phone #	Work Phone #	Mobile Phone #
Mother's Name _____			
Father's Name _____			
Email: _____			

Our insurance policy is with: _____

and the policy number is: _____

Our pediatrician is: _____ Phone number: _____

(1) Name of child: _____ Date of Birth: _____ Blood Type: _____

He/She is allergic to: _____

or has no allergies we know of. He/She is being treated for the following chronic conditions:

(2) Name of child: _____ Date of Birth: _____ Blood Type: _____

He/She is allergic to: _____

or has no allergies we know of. He/She is being treated for the following chronic conditions:

(3) Name of child: _____ Date of Birth: _____ Blood Type: _____

He/She is allergic to: _____

or has no allergies we know of. He/She is being treated for the following chronic conditions:

Parent or Guardian's Signature: _____