## Living Web Kids

## PARENTAL CONSENT FORM AND LIABILITY WAIVER

**Name of Participating Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Gender: M / F**

**Name of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone # (     )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being the parent or guardian of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, grant permission and ask that you allow my child to participate in the Living Web Kids activities, determined at the discretion of the adult volunteers, sponsored by the **Living Web Farms.** I am aware that the program will take place under the guidance and direction of trained and competent staff at Living Web Farms.

# Medical Information:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**Emergency Medical Treatment:** **I understand that in the case of an emergency, I will be contacted immediately, and I hereby authorize the administration of any basic medical treatment required to stabilize my child’s condition.**

In the event of an emergency that requires treatment beyond that which is available, I hereby give permission to chaperones, representatives, volunteers, and employees of the Living Web Farms and others selected by the adult volunteers at their discretion, to transport my child to a hospital for any and all basic life-saving emergency treatments. I recognize that this treatment may include administration of anesthesia or surgical treatments. **I hereby authorize such basic life-saving emergency treatment for my child in the event of a medical situation during my absence or when the hospital or physician(s) is unable to contact me.** This authorization extends to any hospital, physician(s) and nursing personnel within the physician’s staff where treatment is rendered. I release from medical responsibility and liability, the hospital, physician(s), and nursing personnel for performing medical procedures acting on authority of this medical treatment consent from which such medical providers deem necessary for our child. I am aware that I will be advised prior to any further treatment by the hospital or doctor, so long as my child is in safe and stable condition.

*Please initial here:* \_\_\_\_\_\_\_\_\_\_

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**Parental Consent & Liability Forms, Page Two**

Medical Information Chart:

|  |  |
| --- | --- |
| **Person to Contact in Emergency** | **Phone Number** |
| If you are unable to reach me, please contact: | Phone Number |
| Family Physician | Phone Number |
| Medical Insurance Company | Insurance Policy Number |
| Food Allergies | Medication Allergies |
| Other Allergies | Other Special Needs |

**\*\*\*\*LIVING WEB FARMS WILL NOT DISTRIBUTE ANY MEDICATIONS.\*\*\*\***

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child.  I agree on behalf of myself, my child named herein, or my heirs, successors, and assigns, to hold harmless Living Web Farms, its officers, directors and agents, volunteers, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate Living Web Farms, it officers, directors, volunteers and agents, or representatives associated with the event for reasonable fees and expenses arising in connection therewith.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**