Waiver & Release of Liability for Shire Early Education

Child's name:	Date of Birth:
Parent/Guardian's name:	Phone:
The undersigned(s) being the lawful parent(s) at consent to the participation by the child in all preducation (SEE) and to the participation of the including being transported via wagon or vehicle.	reschool activities conducted by Shire Early child in all events related to SEE activities, e.
representatives of Shire Early Education to pro any hospital, emergency room, doctor's office o	may be needed for such health care, review and in
medical, dental or other health authorities incide care to the child. Health care shall include, but a x-ray, examination, performance of operations,	ent to the provision of medical, surgical, or dental not be limited to the administration of anesthesia,
personnel or if necessary by ambulance or other emergency, the SEE staff will first use reasonab	emergency vehicle. If there is no medical
in this consent form, SEE shall not have the autiprocedures for the child.	hority to withhold or withdraw life-sustaining
supervised. However, accidents do happen. The to the child associated with participation in SEE	, employees, and agents of and from all liability,
injury, loss or damage to the child, or by the chireason of or during the child's participation in the	ld, howsoever caused, arising or to arise by
Legal Guardian #1 Printed Name/ Signature/ Date	/
Legal Guardian #2	
Printed Name/ Signature/ Date	