

**ST. JOHN'S UNITED METHODIST CHURCH
OF KANSAS CITY, MISSOURI
PARENTS' DAY OUT PROGRAM
MEDICAL CONSENT AND GENERAL RELEASE FORM**

I do hereby authorize the teachers, officers, leaders or agents of St. John's United Methodist Church, Parents' Day Out Program to transport my dependent in case of emergency or any pre-announced events or activities; and I also hereby give my consent for all medical care for my dependent as may be prescribed by a licensed physician under whatever conditions are necessary to preserve the life, limb, and/or well being of my dependent; and in consideration of the opportunity my dependent is being given to participate in the Parents' Day Out Program at St. John's United Methodist Church, I do hereby waive any and all past, present and future claims, which I or my dependent may have or have had for any and all accidents and/or liabilities against the Program or the Church, its teachers, officers, trustees, leaders, and/or agents and against any other branch or function of The Methodist Church with whom they may be associated; I also agree to abide by the Parents' Day Out Program rules and regulations.

Physician to be called in an emergency _____ Phone _____

Emergency hospital preference _____ Phone _____

Does your child take any medications regularly? Yes _____ No _____ List medication _____

Will this medication need to be administered during school hours? Yes _____ No _____

Does this child have any allergies? Yes _____ No _____ Explain _____

Are there physical limitations or disabilities that would endanger this child or other children in day care?

*I have been notified that I may request notice at initial enrollment or any time there after whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.

*I have read this medical authorization and release and consent to understand its contents.

*I have been informed of the required health and safety inspections and that the inspection forms are available for my review.

*When my child is ill or not in good health, I understand and agree that my child may not be accepted for care.

Dated this _____ day of _____, 20__.

Parent's or Guardian's Signature

STATE OF _____ }
COUNTY OF _____ }

On this _____ day of _____, 20__, before me, a notary public, appeared _____, to me known, who stated he/she signed the above medical consent and general release as his/her free act and deed.

(Seal)

Notary Public

My commission expires:_____.