



**A Mom's Parlor, LLC**

**Childcare Waiver and Emergency Contact**

**Child Information:**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Birth Date: \_\_/\_\_/\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Birth Date: \_\_/\_\_/\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Birth Date: \_\_/\_\_/\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Birth Date: \_\_/\_\_/\_\_

**Parent Information:**

Parent's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information:**

Does your child have any medical conditions we should know about? (yes) (no), if yes please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? (yes) (no), if yes please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special note regarding your child/children? (e.g., eating schedule, napping schedule, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **A Mom's Parlor, LLC**

I/We, the undersigned, are the parent(s) of the above named child/children and we agree, in taking advantage of this child care services, to release and hold harmless A Mom's Parlor, LLC from any and all claims, demands, suits, cost, and charges in connection with or arising out of the child care service, including, but not limited to, bodily harm or injury to our children, except only for loss, harms or injury occasioned by gross negligence or intentional misconduct by A Mom's Parlor, LLC. I hereby grant permission for A Mom's Parlor, LLC and its employees full authority to take whatever actions they deem necessary regarding my child's health and safety in the event I cannot be reached or in the situation where time is of the essence; and fully release A Mom's Parlor, LLC and its employees from any liability in connection with those decisions, I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff if needed. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible.

**I HAVE READ AND UNDERSTAND THIS ON-SITE CONSENT AND WAIVER FORM AND SIGN VOLUNTARILY AND ENTIRELY OF MY OWN FREE WILL.**

Parent Name (please print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_