UNIVERSITY OF LOUISVILLE
EARLY LEARNING CAMPUS

FOR STAFF USE ONLY	
School Year	**2017-18**
Classroom	_____

Childcare Consent and Wavier

I (We), the Undersigned Parent(s)/Guardian(s) for _____, am the parent and/or legal guardian of the child and have the right and authority to enroll this child in a child care program. In consideration of the childcare services offered by the University of Louisville Early Learning Campus, I hereby release the Early Learning Campus, Scholar House, the University of Louisville, and their agents, employees and directors, from any and all liabilities or damages relating to my child's participation and enrollment in the University of Louisville Early Learning Campus (hereinafter "ELC").

I affirm that I have had the opportunity to tour the premises at Scholar House where the ELC intends to operate and that I have had the opportunity to interview the ELC staff. I further agree that my family's participation in the ELC is completely voluntary and based upon an informed decision.

I understand that my child will be given the opportunity to participate in physical and group activities that will be supervised by the trained staff members of the ELC and the staff will make every effort to ensure my child's safety. However, I acknowledge that physical and group activities carry an inherent risk of injury and I hereby release the ELC, Scholar House, the University of Louisville, and their agents, employees and directors from any and all liability should my child become injured while participating in ELC activities.

I understand that should my child become injured or ill, the ELC staff will take immediate action to help my child, including, but not limited to, administering basic first aid, administering basic CPR, calling and reporting 911 life-or-limb-threatening emergency, and that by signing this form, I have given my express consent to do so. I also understand that as soon as possible following my child's accident or illness, an ELC staff member will contact me. I agree to leave an emergency phone number so that the ELC staff may contact me if needed.

I understand that any special medical conditions my child has must be provided in writing, with appropriate instructions should a medical situation arise, and that emergency medications may only be administered with a physician's note. I understand that the ELC will be providing food and beverage to my child throughout the day. I understand that any special food allergies or requirements my child has must be provided in writing with appropriate instructions. I will provide substitute food or snacks alternatives I wish my child to have.

I further understand that my child may be dropped off at the ELC start time and that he/she is to be picked up no later than the ELC end time. Should the need arise for my child to remain at the ELC any longer than this, I will contact the ELC ahead of time. I further understand that I will be responsible for paying late charges as outlined in the Enrollment Contract (which are subject to change by the staff of ELC at its discretion). By signing this ***Childcare Consent and Waiver***, I acknowledge that I have read and understand it, and that I am in agreement with its provisions.

_____ _____

Signature of Parent or Guardian **Date**