

WHEAT RIDGE LEARNING ACADEMY
#2 First Aid and Emergency Medical Care Consent Form

Child's Name: _____ Date of Birth: _____

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Child's Name: _____ Date of Birth: _____

Do your children have any known allergies or chronic health conditions: _____

Emergency Contacts and Authorized Pick Up Persons

Licensing requires that parents provide a name, address and phone number for at least one emergency contact in addition to the child's parents that we can contact in the event of an emergency. If a parent (or guardian) cannot be contacted, please call (in the order we should attempt contact):

Name _____ Address _____

Relationship to child _____ Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____ Address _____

Relationship to child _____ Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____ Address _____

Relationship to child _____ Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Written Authorization for Emergency Medical Care

I authorize staff at Wheat Ridge Learning Academy to give my child first aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency. However if I cannot be reached, I hereby authorize Wheat Ridge Learning Academy to transport my child to the nearest medical care facility to secure necessary medical treatment for my child.

Parent/Guardian Signature Date (valid for one year)

By signing below I acknowledge that I have received and read Wheat Ridge Learning Academy's Parent Handbook. I consent to the participation of my child, _____, in all WRLA center activities.

Wheat Ridge Learning Academy is well child-proofed and the children are consistently well supervised. However, accidents do happen. By signing below, I assume all risk of injury or harm to my child associated with participation in the center activities and agree to release Wheat Ridge Learning Academy and its employees from all liability with respect to death, injury, loss or damage to the child, or by the child, howsoever caused, arising during the child's attendance at Wheat Ridge Learning Academy.

Parent/Guardian Signature Date (valid for one year)

Please sign and date below ONE YEAR after initial enrollment and then every year. Licensing requires that parents sign and date this form annually to verify that the information is accurate and up to date.

I have checked the information provided above and certify that is still accurate and correct.

Parent/Guardian Signature Date (valid for one year)

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