

ANGELS B DAYCARE

Family Daycare Liability Waiver & Medical Authorization Form

This waiver and release form ("Agreement") is made between ANGELS B DAYCARE ("Provider") and the undersigned Parent(s)/Guardian(s) ("Parent/Guardian") of the child(ren) listed below.

By signing this form, you acknowledge and agree to the following terms:

Terms & Conditions

1. I understand that my child will be under the supervision and care of ANGELS B DAYCARE staff during daycare hours, field trips, and daycare-related activities.
2. I acknowledge that participation in daycare activities may involve inherent risks, including but not limited to minor injuries, illnesses, or property damage.
3. I hereby release and hold harmless ANGELS B DAYCARE, its owner(s), staff, and representatives from any and all liability, claims, or demands for personal injury, illness, accidents, or property damage that may occur while my child is in care or participating in daycare-related activities, whether on or off the premises.
4. I understand that reasonable precautions and safety measures will be taken by ANGELS B DAYCARE to ensure the well-being of all children.
5. I authorize ANGELS B DAYCARE to seek emergency medical treatment for my child if deemed necessary and to transport my child to a hospital or medical facility if required. I understand that I am responsible for all medical expenses incurred.
6. I understand that field trips may involve transportation by car, bus, or walking. I give permission for my child to participate in all daycare-sponsored outings unless I provide written notice otherwise.
7. I accept full responsibility for any damage to property or equipment caused by my child during their time in daycare.

Emergency Contact & Medical Information

Information	Details
Child's Full Name:	<hr/>
Parent/Guardian Name:	<hr/>
Emergency Contact Name:	<hr/>
Relationship to Child:	<hr/>
Phone Number:	<hr/>
Alternate Phone Number:	<hr/>
Known Allergies / Conditions:	<hr/>
Physician's Name:	<hr/>
Physician's Phone:	<hr/>

I have read and understood this waiver and voluntarily agree to its terms.

Parent/Guardian Signature:, _____, Date:, _____

Parent/Guardian Signature:, _____, Date:, _____

Provider Signature:, _____, Date:, _____

Update :10/2025