

Parents Night Out Child Care for Springer Auction

Emergency Form and Waiver

(Must fill one out for EACH child)

Child's First and Last Name: _____ D.O.B. _____

Mother/Guardian First and Last Name: _____ Cell Phone #: _____

Father/Guardian First and Last Name: _____ Cell Phone #: _____

Address: _____

1st Emergency Contact: _____ Cell Phone #: _____

2nd Emergency Contact: _____ Cell Phone #: _____

3rd Emergency Contact: _____ Cell Phone #: _____

Allergies or any important information caregivers should be aware of: (A separate piece of paper may be attached)

Pizza and Juice will be served: Please Check One. _____ Pepperoni _____ Cheese

Waiver

By signing this waiver, and I/We (Please print) _____

sign it voluntarily, I/We understand and acknowledge Abracadabra Child Care Center is only offering their building as a space for care on the night of the Springer Auction on Saturday, March 24, 2012 from the hours of 5:30pm-12:00am. I/We do hereby assume full responsibility for any and all damages, injuries, accidents, losses or death my child/children may sustain while my child/children are being cared for at Abracadabra Child Care Center. I/We have listed all persons to contact in an emergency and I/We have listed all allergies as well as any other important information that should be noted about my child/children.

Parent/Guardian Full Name: _____ Signature _____ Date _____

Parent/Guardian Full Name: _____ Signature _____ Date _____

