



EPILEPSY FOUNDATION

Minnesota

Date:

Time In:

Time Out:

Parent/guardian

Initials:

1st Child's Information

Name _____ Allergies _____

Age _____ Brief Medical Summary _____

2nd Child's Information

Name _____ Allergies _____

Age _____ Brief Medical Summary _____

Procedures

- Medications will not be administered by staff or volunteers. Parents/guardians will need to administer.
- If child is inconsolable for more than 15 minutes, parents/guardians will be called to return.
- If child is unable to go to the bathroom independently or is in need of a diaper change, parents/guardians will be called to return.

Liability Waiver

I, undersigned, hereby hold harmless, waive and release the Epilepsy Foundation of Minnesota, their staff and volunteers, from liability as a result of personal injury or property damage occurring while the above child/children are in their care. I understand that this is not a licensed childcare facility. I understand that childcare services are provided only while I am present in the building and attending the Wellness Expo. I understand that if my child becomes inconsolable during the expo, I am responsible to leave the session and attend to my child. I have read, understand and agree to adhere to the procedures listed above.

Signature _____

Printed Name and Relationship to child _____

Cell Phone _____ Other Emergency Contact _____

Please add any additional information about your child(s) on the back of this waiver. Thank you!

