

## Club K After School Zone Consent Form

Child's Name \_\_\_\_\_

School \_\_\_\_\_

Child #2 Name \_\_\_\_\_

Child #3 Name \_\_\_\_\_

***By initialing each item and signing below, I agree and give permission for my child to:***

\_\_\_ Use all age appropriate play equipment and participate in all activities provided by the program.

\_\_\_ Participate in neighborhood walking field trips under staff supervision.

\_\_\_ Participate in announced off premises field trips in an authorized vehicle (Club K bus, contracted vehicle, Max Light Rail, Tri Met bus). I understand that if I choose not to allow my child to participate in an announced field trip, I will need to make other childcare arrangements for that day. *NOTE: Alternate activities will be available on site for non-swimmers during Summer Camp weekly swimming field trips.*

\_\_\_ Participate in Club K cooking projects under regular staff supervision.

\_\_\_ Be photographed for marketing purposes including website, brochures, displays and bulletin boards.

\_\_\_ View G and/or PG rated movies under Club K After School Zone staff supervision.

***In addition, I agree to the following:***

\_\_\_ There are no persons legally restricted from picking up my child from care or having access to my child.

\_\_\_ To provide individual sunscreen containers for my child(ren) and/or complete a medication form to give permission for Club K After School Zone staff to re-apply it as necessary. *Note: Use of sunscreen requires a medication form on file. Sunscreen cannot be shared among siblings per Oregon child care licensing regulations; each child must have their own container.*

\_\_\_ To exchange information between Club K After School Zone, school personnel and my child's teacher in the best interest of my child with regard to homework and/or behavior.

\_\_\_ Grant permission for the Site Director or acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following: a) attempt to contact parent, b) attempt to contact child's physician, c) attempt to contact persons listed on the registration form, d) dial 911 for emergency help.

\_\_\_ Authorize Club K After School Zone staff to take whatever emergency measures (first aid, disaster evacuation or drills, 911 emergency) are deemed necessary for the care and protection of my child. If the situation warrants, I consent to have my child transported and treated by a physician/hospital at my expense. I will assume full financial responsibility for all medical services deemed necessary at that time.

\_\_\_ Agree to release and hold harmless Club K After School Zone, its employees and agents, from any loss or damage to toys, clothes, or other personal items or articles.

\_\_\_ Relieve Club K After School Zone, its employees and agents, of all responsibility for accidents and injuries, claims, damages, or other liabilities for injuries to or damage by my child both on and off the premises which are not a result of gross negligence by the program, its employees or agents.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_