



## Childcare Parent / Guardian Consent & Release Form

School Year: \_\_\_\_\_

### Student Information (Print clearly please)

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of September 1: \_\_\_\_\_

Siblings attending SOKE: \_\_\_\_\_

Parent/Guardian Name(s) attending SOKE: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

### Medical Authorization

In the event of an emergency, I authorize the Childcare staff and designated adult leaders to secure medical treatment for my child. I understand that every reasonable effort will be made to contact me before such action is taken.

Allergies or medical conditions: \_\_\_\_\_

Routine Medications: \_\_\_\_\_

### Emergency Contact Information (Print clearly please)

Primary Emergency Contact  
(other than SOKE Student named above)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Alternate Emergency Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Acknowledgment of Risk and Release of Liability**

I understand that participation in class activities may involve certain inherent risks, including but not limited to physical activities and group games. I voluntarily assume all such risks on behalf of my child.

I hereby release, discharge, and hold harmless the School of Kingdom Equipping, and their directors, officers, employees, volunteers, and agents, and host facility from any and all liability, claims, demands, or causes of action that may arise out of or relate to any loss, damage, injury, or illness that may be sustained by my child while participating in childcare activities. \_\_\_\_\_ Initial

**Authorized Pickup**

For the safety of all children, only the individuals listed below are authorized to pick up my child from childcare activities. Children can only be released to a person age 18-years or older. I understand that my child will only be released to those listed here without my prior written consent for an exception.

Child’s Name: \_\_\_\_\_

Authorized Person #1: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Authorized Person #2: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Authorized Person #3: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Parent/Guardian Consent**

I have read, understand, and agree to the terms outlined above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date