



# NORTHSIDE SITTERS CHILDCARE

Parent Name

First name

Middle Initial

Last name

Mailing Address

City/ST/Zip/Country

Home phone ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_

Child/ Children/ Names/age(s)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Allergies /Special conditions

***General Release and Waiver***

*I give Northside Sitter's childcare staff, permission to obtain and authorize any necessary medical treatment for my child (ren) and understand my child may be transported to the nearest hospital by ambulance in the event of an emergency. This is to certify that the information on this form has been completed to the best of my knowledge and that my child is in good health and free of disabilities that would endanger him/her or other children. In addition, I hereby, for myself, my child, (ren) / dependent(s), my heirs, executors, and administrations, waive and release any and all rights and claims for damages I have against Northside Sitter's and / or their respective agents, representatives, successors and/ or assigned for any and all injuries which may be suffered with my child (ren) s involvement with Northside sitter's childcare services.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_