

Kidzone Medical Release Form

Name of Parents:

_____ (mother)

_____ (father)

Names of child(ren):

If neither I, _____ (mother) or _____ (father)
can be reached

I authorize, for all children listed, any medical and surgical treatment, X-ray, laboratory, anesthesia, or other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies in the event that neither parent/guardian can be reached in the case of an emergency. I further agree to pay all fees, costs and expenses resulting from such medical attention and treatment and to hold SSM Kidzone harmless for such fees.

Parent's/Guardian's Signature

Date

I have given permission for my child to go on field trips with Kidzone. I release SSM Kidzone and individual staff from liability in case of an accident during activities related to a Kidzone field trip, as long as normal safety procedures were followed.

Parent's/Guardian's Signature

Date