



PARENT & EMERGENCY CONTACT

Parent's Name

Phone Number

Parent's Name

Phone Number

Emergency Contact's Name
(Friend, or Family Member)

Phone Number

IMPORTANT CHILD INFORMATION

Important Child Information	Child's Name:	Child's Name:
	Child's Age:	Child's Age:
Chronic Illnesses:		
Food Restrictions:		
Special Needs:		
Allergies:		
Insurance Provider:		
Current Medications:		
Dates of Attendance with Rose Event Nannies:		

In the event of an emergency, I hereby authorize any and all medical attention to be administered, to my child (children) as is deemed necessary by an attending physician or nurse. I understand and agree that I am financially responsible for any care so provided. In consideration of the opportunity to have my child (children) participate in the activities sponsored by Rose Event Nannies, I hereby assume all risks and waive all claims against the corporation, it's respective officers, director, employees, agents and representatives for bodily injury, illness, or death and for damage to or loss of any property directly or indirectly arising from or in connection with any activities involving Rose Event Nannies except to the extent directly and solely caused by the willful misconduct of the corporation or its agents. I also understand and agree that management reserves the right to decline or discontinue enrollment based upon the management's assessment of physical disabilities, illness, or medical conditions requiring an amount of attention or medical expertise beyond the company's formal scope of ability. Rose Event Nannies has my permission to take photos of my family and children at this event. Pictures may be used for digital photo CD and/or customer access via our website homepage and for client and promotion for future events. Rose Event Nannies has my permission to take my child from the childcare room with supervision to use the bathroom, participate in a group game, or take a walk in the hotel, convention center, armory, or event location. Furthermore, I understand that my child may be subject to a health screening prior to entering the childcare program.

Signature of Parent

Date