

Early Learning Indiana, Inc.
Waiver, Release of Liability and Indemnification
and Consent to Medical Treatment

In exchange for my child being allowed to enroll in the child care program(s) offered by Early Learning Indiana, (aka Day Early Learning centers), I agree to be bound by the following:

1. Voluntary Participation. My child's participation in Day Early Learning's programs, including educational and recreational field trips, is voluntary, and my signature on this form is voluntary. I am familiar with the Day Early Learning activities and programs in which my child will be participating.

2. Identification of Risks, Release and Waiver. Though Day Early Learning makes every effort to create a safe environment and to minimize the risk of any type of injury, I understand that Day Early Learning cannot eliminate all risks and that accidents, including serious or fatal accidents, may occur during my child's participation in Day Early Learning's programs, including during participation in off-site fieldtrips and the travel associated with these trips. I release Early Learning Indiana (aka Day Early Learning), its directors, trustees, officers, employees, and agents, from any and all liability for, and waive any and all claims for, injury, loss, damage or expense, including attorneys' fees, in any way connected with my child's participation in Day Early Learning's programs, including off-site fieldtrips and the travel to and from those trips. This document does not release Early Learning Indiana (aka Day Early Learning) or any above named individuals from responsibility for gross negligence or criminal conduct by Early Learning Indiana (aka Day Early Learning).

Illness and Fever

I agree that if my child has any flu-like symptoms, I will not drop my child off for care until my child is symptom free without the assistance of medication. **By checking this box**, I also acknowledge that my child will be, and I consent to my child may be, screened every morning before entering the child care facility. I further acknowledge that if he/she exhibit symptoms of the COVID-19 virus, he/she will not be permitted to enter the facility and I will be responsible for taking my child to a health care provider for further diagnosis. I acknowledge that if my child tests positive for COVID-19 or has had contact with someone diagnosed with or under investigation of having COVID-19, then my child will not be admitted to the child care facility and will undergo government recommended quarantine procedures.

3. Limited Power of Attorney: Consent to Medical Treatment. By my signature, I give Early Learning Indiana and its employees and agents the power to consent on my behalf to any and all emergency treatment and/or medical care of (child's name) _____ determined to be necessary or desirable by the attending physician, dentist or health care provider. In an emergency, Early Learning Indiana (aka Day Early Learning) will attempt to honor your preference for hospital or dentist, but reserves the right to substitute another hospital or dentist if, in Early Learning Indiana's (aka Day Early Learning) sole discretion, such a substitution is in the child's best interest.

Preferred Primary Care Physician: _____ Phone#: _____
Address: _____ City: _____ State: _____ Zip: _____
Preferred Hospital: _____ Phone#: _____
Address: _____ City: _____ State: _____ Zip: _____
Preferred Dentist: _____ Phone#: _____
Address: _____ City: _____ State: _____ Zip: _____

This Power of Attorney shall continue until revoked by the undersigned or until the child withdraws from Day Early Learning, whichever is earlier. Physicians, dentists or the hospital's medical staff may assume and rely on this authorization being current and in effect unless otherwise notified.

4. Non-Emergency Medical Services. From time to time, Early Learning Indiana (aka Day Early Learning) may make available certain medical services, including screenings and vaccinations. I understand that these services are offered as a convenience and that my decision to allow my child to receive any service is voluntary. I understand that Early Learning Indiana (aka Day Early Learning) is not liable in any way for the quality or nature of the of the medical services provided and I agree that if I allow my child to receive any such service, I will not attempt to hold Early Learning Indiana (aka Day Early Learning) responsible for any alleged deficiencies of care.

5. Governing Law. This agreement will be enforced in accordance with the law of the State of Indiana.

I represent that I am the custodial parent or legal guardian of _____ (child's name), and I am under no mental or legal disability which would prevent me from signing and executing this agreement. I further represent that I have read (or have had read to me) and understand the terms of this agreement.

In exchange for my/our child or ward being allowed to participate in the Early Learning Indiana, Inc.'s (aka Day Early Learning) child care program and activities, and as the custodial parent(s) or legal guardian(s) of the above-named child, I/we verify that I/we fully understand, agree to, and accept all provisions of this waiver, release of liability, indemnification and grant of limited power of attorney to allow consent to medical treatment.

Printed Name (Parent or Guardian)

Signature

Date

Printed Name (Parent or Guardian)

Signature

Date

Note: This form must be signed by **both parents** unless one is deceased, mentally incompetent, has had parental rights terminated, or there has been a divorce, or parents are unmarried. In case of divorced or unmarried parents, the parent having physical custody of the child should sign. If neither parent has legal parental rights, nor both are deceased, this form must be signed by the legal guardian of the child.