



Gracie's Place

a pay as you go preschool

Emergency Form

Child's Information:

Child's Name: _____ Age: _____ Date Of Birth: _____
Child's Address: _____
Home No. _____ Allergies? _____
Any Problems we should be aware of? _____
Briefly Describe Child's personality: _____

Parent Information:

Mother's Name: _____ Cell No. _____ Work No. _____
Driver's License No. _____ Email: _____
Father's Name: _____ Cell No. _____ Work No. _____
Driver's License No. _____ Email: _____
Child's siblings & (Ages) _____

Emergency Contact:

I authorize Gracie's Place to release my child to leave the facility *only* with the following persons:

Name: _____	Name: _____	Name: _____
Phone No. _____	Phone No. _____	Phone No. _____
Relationship to child _____	Relationship to child _____	Relationship to child _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Gracie's Place to contact:

Doctor's Name: _____ Phone No. _____
Dentist Name: _____ Phone No. _____

Should a medical emergency arise, the parent/guardian will be notified immediately. If the undersigned is unavailable for consultation, permission is granted for Gracie's Place and /or the City of San Ramon staff to obtain medical treatment as deemed necessary.

I give my consent for _____ to participate in the Gracie's Place Program. I, the undersigned, certify that I am the legal parent/guardian of the above named participant and that he /she has my permission to participate in the Gracie's Place Program.

Waiver of Liability: This release is intended to discharge in advance Gracie's Place and the City of San Ramon, including all of its representative agents, officials, volunteers, sponsors and employees, from and against an and all liability arising out of or connected in anyway with my or my child/legal guardian's participation in the above activities, even though the liability may arise out of the active or passive negligence or carelessness on the part of the persons or entities mentioned above. Furthermore, I hereby agree that I, my heirs and assignees will not make claim against, sue, attach the property of, or prosecute Gracie's Place and the City of San Ramon and any sponsor, or any affiliate organization for injury or damage resulting from active or passive negligence, carelessness or other acts, however caused by any employee, agent or contractor of the City of San Ramon or its affiliates, as a result of my participation in the above activities. In the event that the above named individual is a minor, I certify that I am the legal parent or guardian of the above participant that he/she is in good physical condition and I give my permission for him/her to participate in the above activities. I hereby grant permission to the City to take my or my child/legal guardian's photo while participating in activities or programs to use for publicity.

I have read and understand the policies and conditions of this activity and signify my agreement and approval with my signature.

Parent/Guardian Signature _____ Date _____