



ALL DAY LEARNING CENTERS
Focusing On Your Child's Early Education
Longships Complex
170 Township Line Road, Building B
Hillsborough, NJ 08844
908-359-0803
info@alldaylearningcenters.com

EMERGENCY MEDICAL TREATMENT FORM

STUDENT: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

CONSENT FOR MEDICAL TREATMENT

In the event of illness or injury, I hereby authorize All Day Learning Centers (ADLC) staff with current first aid certification to administer first aid to my child, and I hereby authorize ADLC staff, or other employees or agents of ADLC, to obtain emergency medical treatment for my child as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment.

I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of ADLC to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable. I understand that ADLC will make best efforts to notify me immediately should emergency treatment for my child become necessary. I also grant permission for emergency CPR to be administered to my child by a certified person should it become necessary.

RELEASE & HOLD HARMLESS AGREEMENT

As part of the consideration for my child's participation in ADLC activities, I hereby release, hold harmless, and forever discharge ADLC, its employees and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or my child or to any property belonging to me or my child while my child is enrolled in the school, except for damages caused by the negligence of the school, its agents and employees. I am fully aware of the risks and hazards associated with this program. I assume full responsibility for any risk of loss, damage, or personal injury, including death, and for any property damage that may be sustained by me or my child as a result of my child's participation in ADLC activities.

PARENT/LEGAL GUARDIAN ACCEPTANCE

I have read and I understand this document, including the release and hold harmless portions of it. I understand and agree that it is binding on myself, my child, our heirs, assigns, and personal representatives.

Signature: _____

Printed Name: _____ **Date:** _____