

PENN CHILDREN'S CENTER
MEDICAL RELEASE AND CARE AGREEMENT

I hereby give consent for the Penn Children's Center, on behalf of my child to obtain emergency medical procedures, first aid or other services as the circumstances require in the event that I cannot be reached should my child become injured or ill while participating in the program. I also permit the Center to obtain emergency transportation to approved medical facilities.

I hereby release the Center, their staff and other employees from liability for any damages or injuries of any nature except in the case of negligence resulting from administering or not administering first aid or other medical services.

The undersigned parent(s), guardian of _____

Hereby authorize the Short-Term/Temporary care in the Penn Children's Center of the University of Pennsylvania for a fee of \$_____ daily unless otherwise covered by the University or group hosting the seminar, conference, or workshop and represents that the child is in good physical condition and any physical conditions are known to the Center (such as allergies, handicaps, etc.). In addition, the child is able to participate in all activities of the program without adverse effects to him/herself or others participating in the program.

Name	Relationship	Phone #
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