



**WOMEN'S LEADERSHIP CONFERENCE-CHILD CARE INFORMATION**

**(Note: We can only provide for Children ages 6-12)**

1) CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

2) CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**The following persons are authorized to sign my child in and out of child care:**

Name	Relationship

Name	Relationship

**I voluntarily agree for my child(ren) named above to participate in The City Of West Hollywood Child Care Program provided for the Women's Leadership Conference.**

I realize that every precaution is taken to eliminate any injuries or hazards and a competent supervisor is present. However, in the event of any injury to my child, I hereby waive, release and hold harmless from any liability for damages or claims for damages for personal injury, including accidental death, as well as claims for property damage which may arise in connection with the above named activity, against the Supervisor, City of West Hollywood, Recreation Services Division and its personnel.

As a parent/guardian, I hereby consent to medical treatment for my minor child named above which can include, but is not limited to x-rays, anesthetic, medical or surgical diagnosis or treatment which is to be rendered under the general or special supervision of any physician licensed under the provisions of the California Medicine Practice on the medical staff of a licensed hospital, whether such treatment is rendered at the office of said physician or at such a hospital. I further agree to pay any and all costs incurred as a result of said treatment.

I have read, understand and agree to abide by the above.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**PHYSICIAN TO BE CALLED IN CASE OF EMERGENCY**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**If Physician can not be reached, what action should be taken?**

\_\_\_\_\_

**Does your child have any food allergies? If so, explain:**

\_\_\_\_\_

**Does your child have special needs? If so, explain:**

\_\_\_\_\_