



Cleveland's Reconstructionist Jewish Community

**BABYSITTING WAIVER , EMERGENCY CONTACT AND MEDICAL PERMISSION FORM**

**Parent/Guardian Information:**

Parent/Guardian Names: \_\_\_\_\_

Cell Phone during the event \*: \_\_\_\_\_ Additional phone \*: \_\_\_\_\_

I will remain in the building while my child is in babysitting (initial here) \_\_\_\_\_

*\*Please keep phone on vibrate so that we may reach you if necessary without disrupting the worship service*

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to child: \_\_\_\_\_

**Child Information:**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ DOB: \_\_/\_\_/\_\_ Allergies: Yes No If yes, explain \_\_\_\_\_

Does your child have any medical condition(s) we should know about? Yes No If yes, explain \_\_\_\_\_

Any additional information you need us to know?  
\_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ DOB : \_\_/\_\_/\_\_ Allergies: Yes No If yes, explain \_\_\_\_\_

Does your child have any medical conditions we should know about? Yes No If yes, explain \_\_\_\_\_

Any additional information you need us to know?  
\_\_\_\_\_

**Waiver and Medical Consent:**

I, the undersigned parent/guardian of the child(ren) listed above, agree to release and hold harmless Kol HaLev, its agents, employees, volunteers, representatives, officers, and directors (hereafter, "parties") from any and all claims, injuries and any damages arising from injuries in connection with or arising out of my child(ren)'s participation in the babysitting service offered by Kol HaLev, including, but not limited to, bodily harm or injury to my child(ren). I further agree to indemnify, save and hold Kol HaLev and said parties harmless from any loss, liability, damage or cost that any of the parties may incur out of or related to said service.

I hereby grant permission for Kol HaLev and said parties full authority to take whatever actions they deem necessary to protect the health and safety of my child(ren) in the event I cannot be reached, or in a situation where time is of the essence, and fully release Kol HaLev and said parties from any liability in connection with those decisions.

I understand that there is a fee for babysitting and that the fee is \$10 per child per day, with a maximum of \$18 per family per day.

**I HAVE READ AND UNDERSTAND THIS CONSENT AND WAIVER FORM AND SIGN VOLUNTARILY AND ENTIRELY OF MY OWN FREE WILL.**

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_