Littlewoods
EARLY LEARNING CENTER

NURSERY WAIVER

Your child's safety is our top priority and our staff will always do their very best to ensure the safety of all children at the Center; however accidents can and sometimes do happen regardless of the professionalism, supervision and safety policies in place at the Center.

Therefore, we require parents to read and sign this form, which will remain valid for the entire duration that their child attends Littlewoods Early Learning Center.

DECLARATION

I, the undersigned, being the parent of _____ (child's name) hereby agree to waive all claims against the Center in case of accidental bodily injury occurring to my child. In case of injury or allergic reaction, Littlewoods will call 999 for an ambulance and parents will be informed simultaneously.

I release all liability and claims against Littlewoods, for medical conditions that have not been disclosed to the Center in writing.

Littlewoods reserves the right to ask for the child to be withdrawn should any relevant information such as medical, health and unwanted behavior concerning the child be withheld.

As per DHA regulations, parents are responsible for their child's vaccinations. Parent's consents are hereby given for all doctor's visits and examinations.

Parent Signature _____ Date: _____

Name of Parent/Guardian: _____

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