

# Medical Liability Release Form

I, \_\_\_\_\_, hereby release Bright Minds Daycare LLC. and its agents or representatives, of liability for any personal injury to my child, \_\_\_\_\_, arising out of class participation, or incurred while on a field trip or on the premises of Bright Minds Daycare LLC.

In the event of a medical emergency, I authorize the agents of Bright Minds Daycare to use their discretion in securing proper treatment for my child, as deemed necessary under the circumstances. I understand that every effort will be made to contact a parent/guardian under such circumstances.

\_\_\_\_\_  
Child Name (please print)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent/Guardian (signature)