

CONSENT FOR EMERGENCY MEDICAL TREATMENT/WAIVER FOR GONE PAINTIN' LLC

CHILD'S NAME: _____

PARENT/GUARDIAN: _____

WHO IS AUTHORIZED TO PICK UP YOUR CHILD FROM GONE PAINTIN' OTHER THAN YOURSELF?

PRIMARY EMERGENCY PHONE CONTACT: _____

ALTERNATE CONTACT: _____

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS OR HEALTH PROBLEMS OF YOUR CHILD THAT MEDICAL PERSONNEL SHOULD BE AWARE OF: _____

IN CASE OF EMERGENCY, YOUR CHILD MAY BE TRANSPORTATED BY AUTOMOBILE OR AMBULANCE TO THE NEAREST EMERGENCY ROOM. YOU WILL BE NOTIFIED AS QUICKLY AS POSSIBLE. IF THE STAFF AT GONE PAINTIN', IN YOUR ABSENCE, FEELS THAT THE EMERGENCY REQUIRES A 9-1-1 CALL AND AN AMBULANCE IS USED TO TRANSPORT YOUR CHILD, THE COST OF THE AMBULANCE WILL BE YOUR RESPONSIBILITY. ALL PRODUCTS THAT YOUR CHILD WILL BE USING IN TODAY'S WORKSHOP ARE NON TOXIC AND APPROVED FOOD SAFE.

I AM AWARE THAT DURING THE ACTIVITY OF GLASS FUSING, WHILE EVERY SAFETY PRECAUTION IS TAKEN, THERE IS THERE POSSIBLITY THAT MY CHILD COULD BE CUT.

GONE PAINTIN' LLC OR ITS REPRESENTATIVES WILL NOT BE HELD LIABLE FOR ANY EXPENSES DUE TO SICKNESS OR INJURY OF EITHER PARENT/GUARDIAN OR YOUR CHILD.

TO: GONE PAINTIN' LLC

IN THE EVENT THAT MY CHILD SHOULD REQUIRE EMERGENCY MEDICAL TREATMENT, I GIVE MY CONSENT FOR EMERGENCY MEDICAL TREATMENT DEEMED IMMEDIATELY NECESSARY BY A LICENSED PHYSICIAN, EMERGENCY MEDICAL TECHNICIAN OR OTHER QUALIFIED HOSPITAL PERSONNEL TO SAFEGUARD MY CHILD'S HEALTH. I UNDERSTAND I WILL BE NOTIFIED A QUICKLY AS POSSIBLE AT THE EMERGENCY CONTACT PHONE NUMBER ON THIS WAIVER.

PARENT/GUARDIAN: _____ DATE: _____