

Child Care Consent

I / We understand and acknowledge that Diabetes Youth New Zealand Incorporated, Diabetes Youth Nelson and all DYNZ Conference volunteers and staff will exercise all due care, but will not be liable for any injury or damage that any of my family members may sustain to his / her person or property.

I/We give permission/do not give permission for the Child Care Supervisor to take my child(ren) off premises of the Rutherford Hotel to participate in a planned and supervised activity.

I / We understand that in the case of illness, emergency services may be requested and

I / We give consent for his / her appropriate medical and surgical care if / when required.



DATE:

NAME/S OF PARENT/S OR GUARDIAN/S:

CELLPHONE/S:

CHILD/CHILDREN NAMES:

AGE:

CHILD CARE IS REQUIRED ON: *(please circle one)*

Saturday only

Sunday only

Saturday & Sunday

ANYTHING ELSE WE SHOULD KNOW?

SIGNATURES OF PARENT/S OR GUARDIAN/S: