



# HELPING OUR FAMILIES

*"Bridging gaps in our community."*

## Parental Waiver, Release and Restrictions

### Parental Waiver and Release

As the parent or legal guardian of the child named below, I hereby give my full consent and approval of my child to participate in the learning lab provided by Grandview Medical Center and Helping Our Families.

I understand that certain risks are inherent in all activities involving children, including travel to and from Learning Lab location, injury due to play, and other risks unknown and not reasonably foreseen.

I, fully release and discharge Kettering Dayton Medical Center, Helping Our Families, Project Hope, its agents, tutors, and other volunteer/personnel from all liability in connection with the Learning Lab and transportation.

\_\_\_\_\_  
Name of Student Printed

\_\_\_\_\_  
Parent Name Printed (if student is under 18 years old)

\_\_\_\_\_  
Student (if 18 and older) or Parent Signature

\_\_\_\_\_  
Student (if 18 and older) or Parent Email Address

\_\_\_\_\_  
Date

### Restrictions

We will not have a nurse on-site so we will not be able to administer prescription medications, however, in case of an emergency, we can take your child to the Emergency Room. Please fill out the Medical Consent form in its entirety to assist medical personnel in treating your child if needed.

Below please list any physical, mental, or emotional challenges or restrictions in the space provided below. It's critical that you include any food allergies.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have listed all restrictions to the best of my knowledge.

\_\_\_\_\_  
Student (if 18 or older) or Parent Signature