

# the pink rhubarb

## Summer 2024 Workshop Waiver

Please complete this form, print it,  
and bring it on your child's first day  
or email it to: jane@thepinkrhubarb.com  
Your child will not be able to join us without this form.

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone# \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone# \_\_\_\_\_

EMERGENCY Contact Name \_\_\_\_\_ (Other than parent/guardian)

EMERGENCY Contact Phone# \_\_\_\_\_

**NOTE: Emergency contact must be available during program hours.**

List Allergies: Food (list) \_\_\_\_\_ Bees \_\_\_\_\_ Other \_\_\_\_\_

Note we are a nut free kitchen to best of our ability but are not responsible for what snacks other children may bring or other allergens on the property.

We cannot administer any medications while your child is in our custody.

In case of a medical emergency, we will call 911 first and then contact your on call physician.

**\* As parent/legal guardian I authorize emergency medical treatment and transportation of my child if necessary.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

(Not valid unless signed by Parent/Guardian)