

the pink rhubarb

Summer 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)

