



**RELEASE & WAIVER OF LIABILITY FOR CHILD CARE AND
ADMINISTERING EMERGENCY TREATMENT TO
CHILDREN WITH SEVERE ALLERGIES**



I/We: _____ (Parents/Guardians), hereby release CAP and all its agents and employees from any and all liability arising in law or equity as a result of CAP’s employees administering emergency treatment related to a severe allergic reaction, provided that CAP has used reasonable care in providing care in accordance with the procedures outlined in the Health Form and/or its Severe Allergy Medication Policy. I/We acknowledge receipt of CAP’s Severe Allergy Medication Policy.

I/We have been given ample opportunity to obtain information and ask any and all questions about the CAP Program, the staff and their background, skills, and training, the activities in which my/our child will be participating, or any other subject related to the CAP Program. My/Our family’s participation in the CAP Program is completely voluntary and based on an informed decision. A significant part of that decision is based on CAP’s Severe Allergy Medication Policy, which I/we have reviewed. I/We acknowledge that medication may only be administered in a timely basis if it is located where designated by me/us or pursuant to the Health Form once it is completed when it is submitted to CAP.

Despite CAP’s reasonable efforts, there is the possibility of my child/children being exposed to allergens during the CAP Program and I/we release CAP from all liability and claims that may result from my/our children being exposed to an allergen while attending a CAP Program, provided CAP and its employees have used reasonable care in protecting my child/children from exposure to the following allergens:

I/We further acknowledge that, until the CAP Participant Health Form has been completed and submitted to the CAP office, CAP, as stated above, is released from all liability and claims that may result from my/our children being exposed to an allergen while attending a CAP Program.

Parent/Guardian Name

Date

Signature

Parent/Guardian Name

Date

Signature

Child’s Name

CAP Site