

INDEMNITY FORM

I, parent/guardian of

..... hereby ask the staff of Little Sunbeams Day Care to act in my place while my child is in there are on the premises of Little Sunbeams Day Care or during outings.

I hereby indemnify the Little Sunbeams Day Care staff against any claim of accidental injury to my child or loss or damage to his belongings.

I also agree that in a medical emergency, when unable to contact me, the staff may make decisions on my behalf.

I agree to take responsibility for any costs as a result of this.

Parent/Guardian signature:

Date:

Witness:

Witness:

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