



Consent to Child Care

I/We _____ hereby
Consent to the care of the following persons:

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

1. I hereby release DFRFR and the Caregiver from all liabilities for any complications that may arise as a result of care given in accordance to my instructions.
2. I hereby authorize the Caregiver or a representative of DFRFR to consent to emergency care from other qualified sources, should they believe that a medical emergency exists and they cannot contact me in a reasonable time for further instructions.
3. I hereby authorize the Caregiver to administer any medication that appears on the medication form that is signed by me, according to the instructions on the form.
4. I understand that it is my responsibility to read the Information Booklet for parents and accept all conditions.
5. I hereby authorize DFRFR to use photographs in which I and/or my child(ren) appear for use in promoting DFRFR's programs and membership to the general public. This may include (but is not limited to) newsletters, annual report, publicity materials, display materials and news articles.

Signed _____

Date: _____

This service is open to all bono fide farmers in Durham Region where at least one parent is full time farming.

Please add your Farm Business # _____ This will not be shared with anyone.