



Authorization & Consent Form

First Aid Consent

I understand that the staff members at Capital Kids, Inc are trained in basic first aid practices and CPR. I authorize them to give my child first aid and/or CPR as appropriate until emergency personnel arrive. Furthermore, I agree to hold harmless any staff member attempting to help my child under the Good Samaritan act.

_____ Initial

Consent to leave the premises

I give permission for my child to leave the premises of Capital Kids DC for outdoor exercise and educational purposes, with the understanding that my child will be accompanied by qualified staff of Capital Kids at all times.

_____ Initial

Photography Consent

I give permission for my child to be photographed at Capital Kids. I understand that these pictures are for classroom purposes ONLY and will not be used for anytime of advertisement with out further consent.

_____ Initial

Security Monitoring Consent

I understand that Capital Kids, Inc and the WWF building are monitored by closed circuit cameras 24 hours a day. These videos are kept in the security office for security purposes only for up to one year.

_____ Initial

Moonlighting & Babysitting

Families using a Capital Kids, Inc. staff member for services outside of the center release Capital Kids, Inc. from any and all responsibility, repercussions, or expenses incurred from said service. Families attempting to induce a staff member to leave their position of employment at Capital Kids, Inc. for outside services will be subject to immediate termination of childcare services.

_____ Initial

Child's Name _____ DOB _____

Printed Name _____ Date _____

Signature _____