

# Galveston Lotus Therapies

## Complementary Child Care Waiver

### Child Information

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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### Parent Information

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact(s)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relation: \_\_\_\_\_

### Medical Information

Does your child have any medical conditions we should know about?

Yes

No

If yes, please explain: \_\_\_\_\_

Does your child have any allergies?

Yes

No

If yes, please explain: \_\_\_\_\_

Special note regarding your child/children?

Yes

No

If yes, please explain: \_\_\_\_\_

I/We, the undersigned, are the biological/legal parent(s) of the above-named child/children and **we agree**, in taking advantage of this complimentary childcare services, **to release and hold harmless Galveston Lotus Therapies from all claims, demands, suits, costs, and charges in connection with or arising out of the childcare service, including, but not limited to, bodily harm or injury to our children.** I hereby grant permission for Galveston Lotus Therapies full authority to take whatever actions they deem necessary regarding my child's health and safety in the event I cannot be reached or in a situation where time is of the essence **and fully release Galveston Lotus Therapies from any liability in connection with those decisions.** I do grant the present caregiver permission to interrupt my massage therapy service regarding an emergency or time-sensitive health-related issue.

**I do consent to the following** activities and snacks to be provided for my child during my massage session:

- Movies
- Art supplies
- Games
- Books
- Computer Stations
- Trampoline
- Fruit Snack
- Fruit Juice
- Chips

Limitations on specific activities or snacks?

- Yes  No

If yes, please explain: \_\_\_\_\_

I HAVE READ AND UNDERSTAND THIS ON-SITE CONSENT AND WAIVER FORM AND SIGN VOLUNTARILY AND ENTIRELY OF MY OWN FREE WILL.

Parent Name (please print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_