

Non-Guardian waiver of liability

AND

Permission to obtain medical treatment

I _____ (legal guardian), give _____ (adult bringing
child) permission to accompany my child(ren) _____

to Janesville Christian Homeschool Co-op.

Signature of legal guardian: _____

Date of attendance: _____

If my child should require medical attention while at JCHC, I give my permission for

_____ (name of adult with child) to obtain any and all necessary medical
treatment.

Signature of legal guardian: _____

Date of attendance: _____