

THE CHILDREN'S CABINET, INC.
Caregiver's Support Network - Sick Child Care

CONSENT TO CHILD CARE AND RELEASE FROM LIABILITY

I, _____, parent, guardian or legal representative of _____, hereby consent to the care of the above named child in my home by a Caregiver from the Caregiver's Support Network, a program of The Children's Cabinet, Inc. (hereby referred to as the CABINET) under the following terms:

1. I realize the Caregiver is neither a physician nor a nurse and is not competent to diagnose my child's illness and will not do so, but may administer first aid on an emergency basis if deemed necessary to save the child's life. I hereby consent to same.
2. I hereby release the Caregiver and the CABINET from all liability for any complication as a result of care given in accordance with the Information and Instruction Form, or from any complication resulting from the administration of first aid. This includes but is not limited to bathing for the purposes of fever reduction and treatment of skin discomforts, and the administration of prescription and non-prescription medications if parental and physician consent is provided for the same.
3. I hereby authorize the Caregiver to consent to emergency medical care for my child should the caregiver believe a medical emergency exists and there is not sufficient time to contact me for instruction. I further agree that the expense resulting from such a decision by the Caregiver to seek emergency care, including but not limited to ambulance bills, doctor's fees and hospital charges will be my sole responsibility. I hereby agree to hold the Caregiver and the CABINET harmless from same.
4. I hereby authorize the CABINET and the Caregiver to use appliances or other household items that may be deemed necessary by the Caregiver for the provision of adequate care for my sick child, except as specifically excluded by me in writing. I further release and agree to hold harmless the Caregiver and the CABINET for any loss/disappearance or damage or breakage of property when reasonably used by the Caregiver as set forth above.
5. I understand and agree to the following terms:
 - A. I will make myself available to the Caregiver one half hour before and one half hour after work for the purpose of exchanging information relating to the care and security of my child.
 - B. I will provide all necessary transportation for my child. The Caregiver will not transport my child under any circumstances.
 - C. I will make sure all necessary medications and supplies are in the home or delivered there. The Caregiver will not pick up any medication or supplies under any circumstances.
 - D. I will be available by telephone throughout the day and/or I will provide an available emergency contact person and phone number.
 - E. I will return home by the time specified in the Information and Instruction Form. In the event of a delay, I will notify the Caregiver as soon as possible of my new expected return time. I understand that I will need to make other arrangements if the Caregiver has other obligations preventing this adjustment in the return time.
 - F. I will pay the program for a minimum of four hours of care. Thus if I request services and subsequently decide to have the Caregiver depart prior to the four hours, I agree to pay for a minimum of four hours of care.

- G. I understand that to cancel a request for service or to cancel a scheduled service day, I will call at least one and a half hours before the Caregiver is due to arrive in my home. I understand I will be responsible for a four hour minimum of service if cancellation is delayed beyond this time frame.
- H. I will complete and sign the Consent and Registration Forms as well as have a physician complete the Release to Administer Non-prescription Medications prior to the first day of service for this child. These documents are may need to be updated as changes in my Child's residency and/or growth occur.
- I. I will complete and sign the Information and Instruction Form and the Medication Administration form if applicable, each day of care for my child.
- J. I will not ask or expect the Caregiver to care for any other child unless there are separate Registration and Day of Use forms as outlined in sections H & I of this document completed by me with respect to such other child and the fee is adjusted appropriately. I will make separate arrangements for the care of my other child/ren.
- K. If I will not be the party returning to the home to assume the care of the ill child, I will designate in writing a responsible party to whom the Caregiver may release the care of this child. If the Caregiver has a concern or question about this party, I understand I may be contacted for a verbal verification.
- L. I understand the Caregiver or other staff of the Caregiver's Support Network may contact my employer if this is necessary in order to locate me.
- M. I understand that no visiting children will be allowed on the premises, and adult visitors who have not been pre-authorized by me on the Information and Instruction Form will not be admitted to my home during the day of care.
- N. I will abide by Caregiver's Support Network procedure for requesting service. Calls are returned between designated hours. I will make myself available during these hours to receive a return call.
- O. I understand that if I should request and be provided with the services of a Caregiver at any time which is not part of the normal business week, such as weekends or holidays, the offices of the CABINET will be closed and there will be no staff person available to answer questions, render assistance, etc. I further understand that even during normal business hours, there may be no CABINET staff available to answer questions, render assistance, etc., and I understand that this role is my responsibility.

THIS CONSENT AND RELEASE FROM LIABILITY WILL BE IN EFFECT UNTIL EXPRESSLY REVOKED IN WRITING OR THE CHILD IS WITHDRAWN FROM THE CAREGIVER'S SUPPORT NETWORK . I HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THIS CONSENT AND RELEASE FROM LIABILITY FORM.

Parent/Guardian Signature

Date