

# Beams of Light – Parent Disclaimer Form (Medical)



Child's Full Name:

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Date:

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I, the undersigned parent/carer of the above-named child, confirm that:

- I have not provided the required medication for my child *and/or*
- I have not submitted a completed and signed medical form for my child.

**As per Beams of Light Terms and Conditions, all medication must be in its original packaging, clearly labelled specifically for the child, and prescribed by a doctor. Beams of Light are unable to administer any medication that does not meet these requirements.**

I understand and accept that Beams of Light is not responsible for any medical incident or emergency that may arise due to the absence of this medication and/or the lack of a medical form.

In the event of a medical emergency, I understand that Beams of Light will contact me immediately and may call an ambulance if deemed necessary.

I take full responsibility for the health and safety of my child in relation to their medical condition for the duration of their time at Beams of Light.

Parent/Carer Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Staff Member Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your understanding and cooperation.

**Beams of Light Team**