

2021-2022 Consent Form

Child’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has permission to participate in the program CAATINGA! at 830 West College Avenue Decatur, GA 30030.

In the case of a medical emergency while attending CAATINGA!, I understand that reasonable efforts will be made to contact parents/guardians of the child. In the event that neither I, the child’s other parent/guardian, nor the emergency contact person listed on the Emergency Contact Form on file cannot be reached- I hereby grant CAATINGA! directors, care providers or other volunteers present to select a physician, to hospitalize, to secure care providers treatment and to order injection, anesthesia, or surgery for my child named above.

TO THE EXTENT PERMITTED BY APPLICABLE LAW, I HEREBY RELESE CAATINGA! LLC, THANKFUL MISSIONARY BAPTIST, IT’S SUCCESSORS, ASSIGNS EMPLOYEES, CONTRACTORS, MEMEBERS, VOLUNTEERS AND FACILITY LOCATION FROM ANY AND ALL LIABILITY ARISING FROM MY CHILD ATTENDING CAATINGA! DURING COVID-19, EXCEPT IN THE CASE OF INTENTIONAL MISCONDUCT OR GROSS NEGLIGENCE.

I understand that CAATINGA! is Bright From The Start Exempt from licensing by the State of Georgia.

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Parent’s Signature

Date