**PARENTAL RELEASE AND CONSENT**

**UNIVERSITY OF CHICAGO**

**FAMILY RESOURCE CENTER**

**Please fill out and return to Lizanne Phalen, Director, Family Resource Center, 950 E. 61st Street Chicago, Illinois 60637. We must receive this Parental Release and Consent form for you to use the FRC.**

In exchange for the privilege of entering and using the facilities located at the University of Chicago Family Resource Center (FRC) the undersigned hereby certifies and agrees as follows:

I am over the age of 18, and am a parent or the legal guardian for:

|  |
| --- |
| First and last name of child or children: |
|  |
|  |
|  |

I understand and acknowledge that the FRC is not a daycare center, is not equipped or authorized to provide childcare services, and will not provide or be responsible for the care or supervision of my child(ren) or any other children who are admitted to the FRC.

I have read, understand and agree to comply with the FRC guidelines, a copy of which is attached to this Parental Release and Consent as EXHIBIT B.

My child(ren), and all other children admitted to the FRC under my care shall be accompanied and supervised by me or my child’s designated child care provider (as designated in EXHIBIT A hereto) at all times. I shall not supervise more than three (3) children and no more than two (2) children under the age of two (2), including my own child or children, at one time while at the FRC. Please note that if I designate a child care provider, he or she may not supervise more than two (2) unrelated children at one time. In any event, neither I nor my designated child care provider may supervise more than three (3) children at one time at the FRC.

I understand that I and my child’s designated child care provider are responsible for ensuring that the child or children in our care comply with the guidelines and other rules governing activities within the FRC.

I understand that in the event I violate any of the above provisions, violate any of the guidelines, or otherwise take any action, or any child under my care or supervision takes any action, which is deemed to be inappropriate by a member of the FRC’s staff, I, together with any children under my care, may be removed from and barred further entry to the FRC.

MEDICAL CERTIFICATION, INFORMATION

AND CONSENT FOR MEDICAL TREATMENT

I certify that my child(ren) has no special dietary needs, is undergoing no medical treatment, and is taking no medications other than those I have disclosed on the attached medical information sheet and has no restrictions that would prevent his/her participation in activities at the FRC. I understand that the FRC is NOT a peanut or tree nut free environment.

I understand that neither the FRC nor the University provides health, accident or liability insurance to my child(ren) or to me in relation to FRC usage. I certify that I have adequate medical insurance to pay for any medical services that may be required while my child(ren) is participating in any activities at the FRC. I have provided all the necessary medical insurance information on the attached medical information sheet.

In the event that my child(ren) requires medical care including surgery or administration of drugs, blood or anesthetic and I cannot be reached or the emergent circumstances do not allow time to reach me, I authorize any of the designated child care providers designated herein to obtain for my child(ren) such medical services as are deemed necessary. I understand and agree that neither the FRC nor the University assumes any responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. I understand and agree that FRC staff has discretion to determine appropriate FRC capacity based on age, disposition and behavior of children present at the FRC at any given time.

WAIVER AND RELEASE

In consideration of my child(ren) being allowed entry to the FRC and access to its facilities, I agree to assume all the risks and responsibilities surrounding my child(ren)’s use of and activities within the FRC, and in advance release, waive, forever discharge, and covenant not to sue the University, the FRC, or their respective governing boards, trustees, officers, agents, employees, and any students acting as employees ("releasees"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature which I and/or my child/ward may have or may hereafter accrue to me and/or him/her, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me and/or him/her or by any property belonging to me and/or him/her, except if solely caused by the gross negligence or willful misconduct of any of the releasees, while I and/or s/he is at the FRC.

* I have signed this waiver and Parental Release and Consent in full recognition and appreciation of the dangers, hazards, and risks of my child(ren)’s participating in activities at the FRC, which could include serious injury and property damage. In signing this, I acknowledge and represent that I have fully informed myself of the content of this release of liability and hold harmless agreement by reading it before I sign it, and that I have reviewed it and understand what it means and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that the releasees do not require my child(ren)/ward(s) to participate in FRC activities, but I want child(ren)/ward(s) to do so, despite the possible dangers and risks and despite this release. I further agree that this release shall be construed in accordance with the laws of the State of Illinois. If any term or provision of this release shall be held illegal, unenforceable, or in conflict with any law governing this release, the validity of the remaining portions shall not be affected thereby.

IN WITNESS WHEREOF, the parties have executed or caused to be executed this Agreement on

the \_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

Parent/Legal guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY CONTACT INFORMATION

Parent first name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent last name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner’s first name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner’s last name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent cell phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent cell phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address (to be added to student parent listserv):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional email addresses to be added to listserv:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle which university affiliation applies to you or your family:

Graduate Student Faculty Staff Alumnus Post-doc

Academic Unit: BSD SSD PSD SSA Law Divinity Harris Pritzker

Humanities Booth IME Graham

UChicago identification number: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summer quarter\_\_\_\_\_\_\_ Autumn quarter \_\_\_\_\_\_\_ Winter quarter \_\_\_\_\_\_\_ Spring quarter \_\_\_\_\_\_\_

Staff person to whom fee paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date orientation completed: \_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT INFORMATION

In case of emergency, we must be able to contact you as quickly as possible. It is essential that this form have complete and accurate information. Please provide information for two adults but only one parent or guardian.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXHIBIT A

DESIGNATION OF CHILD CARE PROVIDERS

I hereby designate each of the following persons as a designated child care provider for my child(ren), and I authorize each of these designated child care providers to be wholly responsible for the care and supervision of my child(ren) while at the FRC.

|  |
| --- |
| Designated care provider(s): |
|  |
|  |

MEDICAL INFORMATION

Name of insurance company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance company policy number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of employer or group name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of insured:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your insurer require you to contact insurer or primary care physician to approve medical treatment

to assure insurance coverage for medical bills? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

If yes, please provide the following:

Name to contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number of contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that the FRC will attempt to contact the necessary individual to approve medical treatment

but is not liable if such contact cannot be made.

Does your child(ren) have any severe allergies? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

If yes, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child(ren) take medications? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

If yes, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child(ren) have any medical restrictions which would prevent his/her participation in FRC

classes and/or activities? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

If yes, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXHIBIT B

FAMILY RESOURCE CENTER GUIDELINES

* All members of the university community are welcome to join the FRC by filling out a Parental Release & Consent form found online or at the FRC. Each family’s university affiliated parent must present their UChicago identification card, attend an FRC orientation, and pay a $350 annual or $100 quarterly membership fee (if your university affiliation is not graduate student or post-doc) prior to using the FRC.
* THE FRC IS NOT A DAYCARE CENTER. WE ARE NOT EQUIPPED OR AUTHORIZED TO PROVIDE CHILDCARE SERVICES, AND WILL NOT PROVIDE OR BE RESPONSIBLE FOR THE CARE OR SUPERVISION OF CHILDREN WHO ARE ADMITTED TO THE FRC.
* All families and children use the FRC at their own risk.
* ALL CHILDREN UNDER THE AGE OF 18 MUST BE ACCOMPANIED AND SUPERVISED AT ALL TIMES BY HIS OR HER PARENT, LEGAL GUARDIAN, OR DESIGNATED CHILD CARE PROVIDER . NO ADULT MAY SUPERVISE MORE THAN THREE (3) CHILDREN AND NO MORE THAN TWO (2) CHILDREN UNDER THE AGE OF TWO (2) AT ONE TIME AT THE FRC. THIS INCLUDES DESIGNATED CHILDCARE PROVIDERS. IN THE EVENT A CHILD IS LEFT UNATTENDED, OR AN ADULT OTHERWISE VIOLATES THESE REQUIREMENTS, THE CHILD AND ACCOMPANYING ADULT MAY BE REQUIRED TO LEAVE THE FRC IMMEDIATELY.
* The FRC reserves the right to refuse entry to any person, or require any admitted person to leave the FRC immediately in the event that a member of the FRC’s staff determines that an FRC user’s behavior violates any FRC guideline, any University policy, or is otherwise inappropriate. The first occurrence of the following behaviors will result in a parent conference. These behaviors include: abusive language, disrespect to others, willful disobedience, fighting, biting, physical aggression, kicking, hitting and spitting. One occurrence of any of these behaviors is enough to suspend privileges. Any staff decisions to revoke usage privileges may be appealed by writing a letter to the vice president and dean of student’s office.
* Each child admitted to the FRC must be accompanied and supervised by the child’s parent, legal guardian or designated child care provider. Each designated child care provider must be designated as such by the child’s parent or legal guardian in a signed Parental Consent and Release form.
* The FRC is not responsible for any property brought into the FRC. A lost and found box is supplied for misplaced items.
* In the case of an emergency, please immediately notify the FRC staff and call 911 or the University of Chicago Police at 702-8181. There is a first aid kit in the FRC.
* FRC hours are 9:00 am to 5:00 pm Monday through Friday and 10 am to 4:00 pm on Saturdays during Autumn, Winter and Spring quarters. FRC hours are 10:00 am to 4:00 pm Monday through Friday during summer quarter. Only FRC-sponsored programming may occur after hours or during the summer. The FRC will be closed on all University holidays. Refer to the University calendar for specific dates.
* All children under the age of five must be carefully supervised. The FRC is not a baby-proofed facility so care providers must be attentive & responsible at all times.
* All FRC users must be considerate of the fact that this is a space shared by a wide age range of children. Please do not monopolize any particular space or toy.
* All FRC users are expected to clean up after themselves in the playroom, kitchen, art room and bathroom spaces.
* Children under age four are not allowed in the art room unattended.
* Caregivers must please make sure older, unattended children have cleaned up after themselves in art and play rooms.
* Art room supplies should be cleaned and replaced in their appropriate bin after use. The art room tablecloth should be wiped down if residue is left behind after art projects.
* Shoes, outerwear, lunch packs, backpacks, and non-essential gear should be left in the FRC coatroom.
* All food and beverages are restricted to the kitchen area.
* The FRC is NOT a peanut or tree nut free environment.
* The kitchen is closed for use at 4:30 p.m.
* Lunch time can be very busy! Please do not deny others the opportunity to eat in a timely manner and in a clean space. Clean your dishes and clear your belongings from the kitchen as soon as you are finished eating.
* All FRC snack bowls, plastic & coffee cups should be washed with soap and water and placed in the drying rack on top of the refrigerator after use.
* Please feel free to make coffee in 4-6 cup amounts.
* If the hot water heater is empty please fill it up in the sink and plug it back in.
* Please do not use the sink for hand washing or art project clean-up. The bathroom sink should be used for this purpose.
* Please do not help yourselves to any refrigerator items that do not belong to you.
* No running or throwing toys in the FRC space.
* Please do all diaper changing outside of FRC space.
* All visitors are expected to participate in “5 minute clean-ups” wherein we all help to put everything in its correct place.
* Replace books by inserting books into shelf with binder title readable. Please do not pile books on top of shelf.
* If you use potty seats and trainers in the bathrooms please see that they are clean for the next child.
* All strollers should be parked in storage room or on the south side of the hallway, not on both sides of hallway to prevent fire hazard.
* All sleeping children must be removed from parked strollers.
* It is at discretion of FRC Staff to determine appropriate FRC capacity based on age, disposition and behavior of children present at the FRC at any given time.

These guidelines are available in Spanish and in Mandarin online and at the FRC.