

Consent and Release Forms

- **To be completed by parent or guardian of each child we provide childcare for and a class teacher.**
- **Each child we provide care for must be listed on a signed Consent and Release.**
- **Up to three children from each family can be listed on each form.**
- **If we are providing childcare for more than 3 children from one family use additional forms.**



NAMITENNESSEE



With Hope in Mind ©

Beginnings ©

NAMI Basics ©

Childcare Consent and Release Form

In consideration of the education and peer relationship benefits, which my child and I have received from the NAMI Tennessee's education and support programs, I hereby sign and give this Consent and Release.

As the child's parent or legal guardian, I agree to release and hold harmless NAMI Tennessee and it's local affiliate, their members, trustees, agents, officers, contractors, volunteers, and employees from and against any and all claims, demands, actions, complaints, suits, or other forms of liability that shall arise out of the education, training, childcare, or support group services that my child and I have received from NAMI Tennessee's programs.

Parent's (Guardian's) Name

Parent's (Guardian's) Name

Parent's (Guardian's) Address

Parent's (Guardian's) Phone Number

Child's Name and Age

Child's Name and Age

Child's Name and Age

Parent's (Guardian's) Signature

Date

Witness (Teacher's) Signature

Date

NAMI Tennessee ★ Tennessee's Voice on Mental Illness

1101 Kermit Drive ★ Suite 605 ★ Nashville, TN 37217

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www.nami.org/namitn

MEETING / TRAINING EXPENSE REIMBURSEMENT

To be completed by childcare provider and class teacher for payment of childcare services.

Complete one form per childcare provider for each time childcare is provided. Fill in all applicable blanks. Be sure to include check amount showing the agreed upon payment due.

NAMI Tennessee
Meeting/Training Expense Reimbursement

Date _____

Name Required on Check: _____

Mailing Address: _____

Contact Phone Number: _____

SSN # (for 1099 purposes) _____

Affiliate Name: _____

Meeting Site: _____

Training Name: _____

Date	From (departure)	To (destination)	Total miles:

Other expenses: (stipends, childcare, etc.) (receipt req for lodging, items) Amount: _____

Contribution: _____

Reimbursements are made using State rates and only with prior approval.

Signature (requestor)

Approved by (NAMI Tennessee staff)

Total to reimburse: _____

CHILDCARE ATTENDANCE FORM

To be submitted with childcare expense reimbursement form.

Completed each week as proof of childcare services rendered.

NAMI Tennessee
Caregiver Education Program
Childcare Attendance form

Date: _____
Class Location: _____
Affiliate: _____
Childcare Provider(s): _____

Care provided on this date for:

<u>Child's Name</u>	<u>Primary Care Provider (Guardian)</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____