



**FULL MEDICAL RELEASE AND ASSUMPTION OF PARENT
RESPONSIBILITY**

In consideration for accepting the undersigned child into The Bell Center for Early Intervention Programs, and the providing of professional services to the undersigned child by the same, I, as the parent and legal guardian of the undersigned child, do hereby fully release and discharge, for myself, my heirs, legal representatives, and assigns, the following: The Bell Center for Early Intervention Programs, The Service Guild of Birmingham, Inc., and their agents, servants, volunteers, and employees from any and all legal responsibility in the medical care of my child. I understand that The Bell Center is not responsible for determining when medical procedures are needed for my child nor for the administration of any procedure nor the upkeep of any medical equipment.

Done this ____ day of _____, 20__.

Name of Child

Witness

Signature of Parent/Legal Guardian