



560 Beechcraft Lane Crystal Lake, IL 60012  
Phone: 815-477-2020 | Mon-Sat: 10-8 & Sun: 10-7

### Childcare Authorization Form

I, \_\_\_\_\_, the parent of the below described minor(s), and legally entitled to give this authorization, do grant \_\_\_\_\_ (caregivers name) the authority, limited to the below defined powers, over the following children:

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

The powers granted to ( \_\_\_\_\_ ) and are limited to the following:

- To seek medical care for the children in case of emergency.
- To provide access to firearms, firearm accessories, ammunition, and like products.
- To authorize medical treatment or medical procedures in the event of an emergency situation.

This grant of authority is effective as of \_\_ \_\_/ \_\_ \_\_/ \_\_ \_\_ \_\_ \_\_ (date), and shall remain in effect until terminated by the undersigned parent.

This grant of authority is signed \_\_ \_\_/ \_\_ \_\_/ \_\_ \_\_ \_\_ \_\_ (date) and effective only on the premises of On Target Range & Tactical Training Center (560 Beechcraft Lane, Crystal Lake, Illinois 60012) and any medical facility attended in the case of an emergency requiring emergency medical treatment as a result of any incident incurred at On Target Range & Tactical Training Center.

By signing below, both the caregiver and parent or legal guardian, release On Target Range & Tactical Training Center from any liability resulting from range use.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Authorized Caregiver Signature

\_\_\_\_\_  
Authorized Caregiver's Printed Name

\_\_\_\_\_  
Authorized Caregiver Signature