

| EMERGENCY RELEASE | | | | | | |
|--|------------------------|-----------------|--------------------|----------------------|--|--|
| Child's Name: Center/Classroom: | | | | | | |
| Parent/Guardian Name: | | Phone: | Phone: [| | Email: | |
| Parent/Guardian Name: | | Phone: | : | Email: | Email: | |
| | | | | | | |
| | | - | K to RELEASE CH | | | |
| | (Please note, people i | - | rs or older and ha | - | | |
| Name: | Address: | | | Pick-Up | • | |
| Relationship: | · | | | | ☐ Ok to Pick-Up Only | |
| Name: | Address: | Address: Phone: | | Pick-Up | · | |
| Relationship: | | | | | ☐ Ok to Pick-Up Only | |
| Name: Relationship: | Address: | | | | ☐ Emergency Contact & Pick-Up ☐ Ok to Pick-Up Only | |
| Name: | Address: | | | | ☐ Emergency Contact & | |
| Relationship: | Phone: | | | Pick-Up ☐ Ok to Pic | | |
| Name: Address: | | | | | | |
| Relationship: Phone: | | | | | ☐ Emergency Contact & Pick-Up | |
| Name: | Address: | | | | ☐ Ok to Pick-Up Only | |
| Address. | | | | | ☐ Emergency Contact & Pick-Up | |
| Relationship: Phone: | | | | | ☐ Ok to Pick-Up Only | |
| | | DO NOT REL | | | | |
| (Restraining order/Court documents must be on file for Biological Parents or Legal Guardian) | | | | | | |
| Name: Name: | | | | | | |
| | | | | | | |
| MEDICAL AND DENTAL: | | | | | | |
| Child's Doctor: | Address: | | Phone: | Last Physica | l Exam Date: | |
| Child's Dentist: | Address: | | Phone: | | Last Dental Exam Date: | |
| Preferred Hospital: | 1 | | | | | |
| December 1/2 and the Name | | 6 | | Date: | | |
| Parent/Guardian Name: | | Signature | Signature: | | | |
| Parent/Guardian Name: | | Signature | Signature: | | | |