



CHILD RELEASE FORM

Child's Name: _____

We understand there will be times when you as parents are not able to pick up your child. This form is to let our staff know who is allowed to pick up the child other than the parent/legal guardian. This is not the same information that will be used for emergency contacts.

The following individuals are allowed to pick up my child:

1. Name: _____ Phone Number: _____
2. Name: _____ Phone Number: _____
3. Name: _____ Phone Number: _____
4. Name: _____ Phone Number: _____

The following individuals are NOT allowed to pick up my child:

1. Name: _____ Phone Number: _____
2. Name: _____ Phone Number: _____
3. Name: _____ Phone Number: _____
4. Name: _____ Phone Number: _____

We realize there are some children who have additional needs and are undergoing therapy. If these services occur during the hours of Playschool, the therapist is required to present a professional identification upon arrival. We also need authorization from the parent for the child to be released for treatment.

Therapist Name: _____	Therapist Name: _____
Phone Number: _____	Phone Number: _____
Day/Time of services: _____	Day/Time of services: _____
Company associated with: _____	Company associated with: _____
Supervisor's Phone Number: _____	Supervisor's Phone Number: _____

Parent Printed Name: _____

Parent Signature: _____ Date: _____