## FAMILY EMERGENCY and CHILD RELEASE AUTHORIZATION

Information may be added at any time. If information changes, completion of a new form is **REQUIRED** 

	EQUIRED.	
Child's Name:	Date of birth:	
Address:	CityZip	
Parent/Guardian:	Cell Phone:	
Place an X by the number you prefer we call f	first Work Phone:	
Parent/Guardian 2:	Cell Phone:	
Parent/Guardian #2 Address	Work Phone	
PARENT IDENTIFICATION INFORMATION		
I.D. # OR PASSWORD PARENT/GUARDIAN 1:		
I.D. # OR PASSWORD PARENT/GUARDIAN 2:		
NOTE: I.D. number may be a Social Security Number, or other unique identification number. Password should be a word that only the parent/guardian knows. This information will be used to verify parent/guardian identity if the parent/guardian is not known by staff. The parent/guardian is responsible for calling the center to authorize if someone other than those listed on this sheet picks up their child.		
List any additional authorized persons who may pick up your child. Indicate if a phone call is necessary to the parent prior to pickup. Indicate Yes or No for the following people to pick up your child.		
1	Relationship to child	
Cell Phone	Do you still require a phone call?	
2	Relationship to child	
Cell Phone	Do you still require a phone call?	
3	_ Relationship to child	
Cell Phone	Do you still require a phone call?	
4	Relationship to child	
Cell Phone	Do you still require a phone call?	
For the safety of your child, we will request all authorized persons with whom the staff are not familiar, to provide photo I.D. at time of pick up. We will not send a child without a text, email or written note from primary caregiver.		

Sign\_\_\_\_\_\_ Date: \_\_\_\_\_

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Sign	Date: