

EMERGENCY RELEASE		
Child's Name:		Center/Classroom:
Parent/Guardian Name:	Phone:	Email:
Parent/Guardian Name:	Phone:	Email:

EMERGENCY CONTACTS/OK to RELEASE CHILD TO: (Please note, people must be 16 years or older and have a photo ID)		
Name:	Address:	<input type="checkbox"/> Emergency Contact & Pick-Up
Relationship:	Phone:	<input type="checkbox"/> Ok to Pick-Up Only
Name:	Address:	<input type="checkbox"/> Emergency Contact & Pick-Up
Relationship:	Phone:	<input type="checkbox"/> Ok to Pick-Up Only
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Relationship:	Phone:	<input type="checkbox"/> Ok to Pick-Up Only

DO NOT RELEASE TO: (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 Physical Exam Date:
Child's Dentist:	Address:	Phone:	Last Dental Exam Date:
Preferred Hospital:			

Parent/Guardian Name:	Signature:	Date:
Parent/Guardian Name:	Signature:	Date: