

# EMERGENCY CONTACT / CHILD RELEASE AUTHORIZATION



PY \_\_\_\_\_ Program \_\_\_\_\_ First Day of Class/Home Visit \_\_\_\_\_ Last Reviewed with Parent: Q 2 \_\_\_\_\_ Q3 \_\_\_\_\_

<b>CHILD / FAMILY INFORMATION</b>	(Head Start Part Year programs only) <b>REGULAR CHILD CARE PROVIDER</b>
CHILD'S NAME (LAST, FIRST) _____ M ( ) F ( ) _____ DATE OF BIRTH _____	To be approved, the child must be picked up and/or dropped off there on a <b>regular basis</b> and the <b>address must be on the bus route.</b> NAME(S): _____  ADDRESS: _____  PHONE: _____  Days: M T W TH F _____
STREET ADDRESS _____ APT # _____ HOME PHONE _____	
CITY/TOWN _____ ZIP CODE _____ CELL PHONE _____	
NAME(S) OF CUSTODIAL PARENT/GUARDIAN (LAST, FIRST) _____ from _____ to _____	
PLACE OF EMPLOYMENT _____ TIME AT WORK _____ WORK PHONE _____	
BUSINESS ADDRESS _____ CITY/TOWN _____	
<b>MEDICAL INFORMATION</b>	(Head Start Part Year programs only) <b>ALTERNATE DROP OFF PERSON</b>
PHYSICIAN NAME / CLINIC NAME _____ PHONE _____	In the event that no one is available at the child's regular drop off point, this alternate person is authorized to accept the child when the parent/guardian is not available. <b>Person(s) MUST LIVE in the immediate area and MUST HAVE A PHONE.</b>  NAME(S): _____  ADDRESS: _____  PHONE: _____  RELATIONSHIP TO CHILD: _____
STREET ADDRESS _____ CITY/TOWN _____ ZIP CODE _____	
DENTIST NAME _____ STREET ADDRESS _____ CITY/TOWN _____ PHONE _____	
HOSPITAL PREFERENCE _____ PHONE _____	
CONFIRMED ALLERGIES ___ Y ___ N If yes, to: _____	
ASTHMA ___ Y ___ N SEIZURE PRONE ___ Y ___ N IF YES, MEDICATION _____	
<b>EMERGENCY CONTACT PERSON</b>	
PERSON TO BE NOTIFIED IN AN EMERGENCY OR TO ALTERNATELY ACCEPT THE CHILD WHEN A PARENT/GUARDIAN CANNOT BE REACHED NAME: _____ RELATIONSHIP TO CHILD: _____ ADDRESS: _____ PHONE: _____	
I give my consent for emergency care or treatment to be used only in the event that I cannot be reached immediately.	
<b>CUSTODIAL PARENT(S) / GUARDIAN SIGNATURE</b>	<b>DATE</b>

Reach Dane will not release a child to anyone, at any time, without the written permission of the parent or guardian. I understand Reach Dane **will not release** my child, **even at my home address**, to **anyone** not on this authorization. Also, Reach Dane will not release any child from any classroom or bus without the child being accompanied by a parent, legal guardian or person **12 years of age or older** (must be **18 or older to pick up children under 3 years of age**).

**PLEASE NOTIFY YOUR CHILD'S TEACHER OR FAMILY OUTREACH WORKER IF YOU NEED TO ADD OR REMOVE SOMEONE FROM THIS LIST**

NAME	PHONE	RELATIONSHIP TO CHILD	HOME ADDRESS (if different from child)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I authorize Reach Dane to release the above named child to any person I have listed on this form.

\_\_\_\_\_  
**CUSTODIAL PARENT(S) / GUARDIAN SIGNATURE** **DATE**

My child may NOT be released to the following person (people): \_\_\_\_\_  
 \_\_\_\_\_  
**Note: Reach Dane staff will assume both parents have parental rights to visit the classroom and receive information unless there is legal documentation (court order) to the contrary that is signed and dated by a judge.**