

EMERGENCY CONTACT / CHILD RELEASE AUTHORIZATION



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

CHILD / FAMILY INFORMATION	(Head Start Part Year programs only) REGULAR CHILD CARE PROVIDER To be approved, the child must be picked up and/or dropped off there on a regular basis and the address must be on the bus route. NAME(S): _____ ADDRESS: _____ PHONE: _____ Days: M T W TH F
CHILD'S NAME (LAST, FIRST) _____ M () F () _____ DATE OF BIRTH _____ 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 _____	(Head Start Part Year programs only) ALTERNATE DROP OFF PERSON 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. Person(s) MUST LIVE in the immediate area and MUST HAVE A PHONE. NAME(S): _____ ADDRESS: _____ PHONE: _____ RELATIONSHIP TO CHILD: _____
MEDICAL INFORMATION	
PHYSICIAN NAME / CLINIC NAME _____ PHONE _____ 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 _____	
EMERGENCY CONTACT PERSON	
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.	
_____ CUSTODIAL PARENT(S) / GUARDIAN SIGNATURE _____ DATE _____	

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)
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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.