

Child Release and Emergency Contact Form

Date Completed: ___/___/___

Date of Birth: ___/___/___

Child Name: _____ Nickname: _____
First MI Last

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Street Address: _____

Mailing Address (if different): _____

E-mail Address: _____

Home Phone #: _____ Cell Phone #: _____ Message #: _____

Mother's Workplace: _____ Work Phone: _____

Father's Workplace: _____ Work Phone: _____

If there is an emergency and we are unable to reach you, who would be available to respond and pick up your child if necessary.

Emergency Contact Name: _____ Relationship to child: _____
First Name MI Last Name(s)

Work #: _____ Home #: _____ Cell #: _____

Language(s) Spoken: Primary: _____ Secondary: _____

Emergency Contact Name: _____ Relationship to child: _____
First Name MI Last Name(s)

Work #: _____ Home #: _____ Cell #: _____

Language(s) Spoken: Primary: _____ Secondary: _____

See other side for list of additional people who can pick up my child from Head Start

AUTHORIZATION FOR EMERGENCY TREATMENT: In the event that I cannot be reached, I give my consent for emergency medical or dental treatment of this child by any licensed health care provider or dentist while this child is in the care of the Highland Rim Head Start program and their staff. I further consent to the transport of this child to and from the source of emergency treatment. **Please initial choice** Yes No

Health Care Provider: _____ Phone: _____

Dental Provider: _____ Phone: _____

Allergies, Medical Conditions, Medications:

Parent/Guardian Signature: _____ Date: ___/___/___

Staff Signature: _____ Date: ___/___/___

I GIVE MY CONSENT FOR THE FOLLOWING PEOPLE TO PICK UP MY CHILD FROM HEAD START:

Name: _____ **Relationship to child:** _____

Work #: _____ **Home #:** _____ **Cell #:** _____

Name: _____ **Relationship to child:** _____

Work #: _____ **Home #:** _____ **Cell #:** _____

Name: _____ **Relationship to child:** _____

Work #: _____ **Home #:** _____ **Cell #:** _____

Use Additional spaces as necessary:

Name: _____ **Relationship to child:** _____

Work #: _____ **Home #:** _____ **Cell #:** _____

Name: _____ **Relationship to child:** _____

Work #: _____ **Home #:** _____ **Cell #:** _____

Name: _____ **Relationship to child:** _____

Work #: _____ **Home #:** _____ **Cell #:** _____

Name: _____ **Relationship to child:** _____

Work #: _____ **Home #:** _____ **Cell #:** _____

Name: _____ **Relationship to child:** _____

Work #: _____ **Home #:** _____ **Cell #:** _____

Name: _____ **Relationship to child:** _____

Work #: _____ **Home #:** _____ **Cell #:** _____
