



Permission to Release Child

Child's Name _____ Date of Birth _____ Male ___ Female ___

I. Permission to Release Child: Beside the parent/guardian, the following person(s) can be called in case of an emergency. I give the FACE program and school permission to release my child to the following person(s) on my behalf. Contact and check out person(s) must be 18 years or older and bring proof of identity with them.

	<u>Name</u>	<u>Relationship to the Child</u>	<u>Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____

I understand when my child is released to the above person(s), the FACE program and school are relieved of all responsibilities for the care and safety of my child. My child will not be released to anyone whose name is not entered on this sheet. I also understand that changes must be in writing to the school and FACE program. Picture ID will be required by the office staff.

Parent/Guardian _____ Date _____

Emergency Contact and Health Information

Adult's Name _____

II. Emergency Contact: In the event anything should happen to me (the adult in FACE), please contact the following person(s):

	<u>Name</u>	<u>Relationship to me</u>	<u>Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____

III. Medical History: Please circle your answer if **you (the adult student)** have any of the following, now or in the past:

Breathing Problems/Asthma	Yes	No	Heart Murmur/Heart Disease	Yes	No
Seizures	Yes	No	High Blood Pressure	Yes	No
Fainting (Frequent)	Yes	No	Hearing Problems/Hearing Aids	Yes	No
Headaches (Frequent or severe)	Yes	No	Vision Problems/Glasses/Contacts	Yes	No
Diabetes/Pre-Diabetes	Yes	No	Other	Yes	No

Medication: Do you take any medication that you may need to be given in an emergency situation? Yes No
If you circled yes, what are the medications for? _____

Health Care: Do you have any health care needs? Yes No
If you circled yes, what are they? _____

Allergies: Do you have any allergies? Yes No
If you circled yes, what are they and what happens? _____

Adult Signature _____ Date _____

Please Print Name _____