Permission to Release Child-Adult Not on Site with Child
Emergency Contact Information

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

<u>I. Permission to Release Child:</u> 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.

	Name	**Relationship to the Child**	**Phone Number**
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 _____

Parent/Guardian (Please Print Name)_____

<u>II. Emergency Contact:</u> Please contact the following additional person(s) if different from above.

	Name	**Relationship to me**	**Phone Number**
1.			
2.			
3.			

Parent/Guardian Signature _____ Date _____

Please Print Name _____