

Tufenkian Preschool 20 - 20 School Year
Authorization for Child Release

Child/Student Name: Group:

Address..... Phone:

Mother's Name:..... Phone

Father's Name:..... Phone.....

Please indicate names of persons (18 yrs. of age or older) authorized to take the child from the facility & who may be called in case of an emergency. (CA Photo ID/Driver's license may be required at the time of child pick up). Child will not be allowed to leave with any other person without authorization from parent or guardian.

I authorize the release of my child to the following adults:		
NAME	PHONE	RELATIONSHIP
1.		
2.		
3.		
4.		
5.		
6.		

CONSENT FOR MEDICAL TREATMENT & EMERGENCY TRANSPORTATION

As the parent, agency representative or legal guardian, I hereby give consent to St. Mary's Tufenkian Preschool to provide all emergency dental or medical care prescribed by duly licensed physician (MD) or dentist (DDS) for This care may be given under whatever conditions, necessary to preserve the life, limb
(Child's Name)
 or well-being of my dependent. The center will also arrange for emergency transportation (Ambulance or other vehicle) to the nearest medical facility.

Child has the following medication allergies: _____

Medical Alert : Condition..... Medication

Condition..... Medication

Name of Parent/Guardian: _____ Signature: _____ Date: _____

Address: _____ Phone: _____

I understand that emergency information is required by the school for the release and treatment of my child for any problem requiring possible emergency action. It is my responsibility to notify the school immediately of any change IN THIS FORM.

Signature of Parent /Guardian Completing this form:Date:

The student was released to	By:.....
<small>(Relationship to child)</small>	<small>(Staff)</small>
Time of release	Date of release
Destination.....	
Signature of Authorized Person Picking Up the Child:.....	