



SCHOOL TIME

Emergency Contact and Child Release Authorization Form

Information may be added at any time. If information needs to be changed / updated, completion of a new form is required.

Child's Name	Child's Date of Birth	Child's SSN
Child's Home Address		

	Mother / Legal Guardian 1	Father / Legal Guardian 2
Name		
Address		
Employer / School		
Home Phone #		
Work Phone #		
Cell Phone #		
Email Address		
ID Number*		
ID Type		

I hereby authorize **SCHOOL TIME** to release my child to the following persons (other than parents). These individuals may also be contacted to pick-up in the case of an emergency.

	Person to Call First	Person to Call Second	Person to Call Third
Name			
Relationship			
Home Phone #			
Work Phone #			
Cell Phone #			
Address			
ID Number*			
ID Type			

Medical Release

I hereby give permission to **SCHOOL TIME** to make whatever emergency (i.e. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the center.

In cases of a medical emergency, I understand that my child will be transported to _____ by the local emergency unit if the local emergency resource (police, rescue squad) deems it necessary.

It is understood that in some medical situations the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

Emergency Medical Information

Doctor's Name: _____ Phone Number: _____
 Insurance Coverage (Company / Policy #) _____
 Drug Allergies / Special Medication Needs _____
 Chronic Diseases / Other Health Problems _____

Parent's Signature _____ **Date:** _____

Updated/Reviewed: January _____ June _____ September _____ Other _____

***NOTE:** ID Number may be a Social Security Number, Driver's License Number or other unique identification number. This information will be used to verify parent identity if an emergency pick-up authorization is called into the Center.