

Emmanuel SDA School & Preschool
Permissions and Child Release Form
(Preschool Students)

Child's Name _____
Last First Middle

Address _____

Parent/Guardian

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian

Home Phone _____ Work Phone _____ Cell Phone _____

I give Emmanuel SDA School and Preschool staff permission to:

- _____ Care for my child while he or she is at the center or participating in a center activity
- _____ Secure or administer emergency medical or dental treatment in case of an accident
- _____ Transport my child to obtain medical or dental treatment when I cannot transport him or her
- _____ Transport by child to and from home or school, when needed, by car
- _____ RELEASE MY CHILD TO ANY THIRD-PARTY PERSON LISTED BELOW

A maximum of six names may be listed on this form. Please indicate with an X which names should be called in the event of an emergency.

Name of Authorized Persons	Relationship to Child	X for Emergency Contact	Phone # 1	Phone # 2
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

I understand that my child will only be released to those persons listed above. I understand that changes to this form may only be made in writing and by scheduling an appointment with the Center Director to discuss the changes.

 Name of Parent/Guardian (Please Print)

 Name of Parent/Guardian (Please Print)

 Signature Date

 Signature Date