



EMERGENCY CONTACTS AND RELEASE AUTHORIZATIONS

Child's Name: _____ Date of Birth: _____

Emergency Contacts when parent or guardian cannot be reached:

	Name	Relationship	Phone #
1.			
2.			
3.			

Release Authorization

The child may be released to the person(s) signing this release or to the following:

NOTE: PICTURE ID IS REQUIRED TO ALLOW RELEASE

Release to parents/guardians only

1. Name: _____ Complete Address: _____

Phone: _____ Relationship to child: _____

Relationship to Parent/Guardian: _____

Other identifying information (if any) _____

2. Name: _____ Complete Address: _____

Phone: _____ Relationship to child: _____

Relationship to Parent/Guardian: _____

Other identifying information (if any) _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____