

Consent & Release

Name of Facility:	Address of Facility:
Name of Child:	
The following persons are allowed to pick up my chi	Id from child care in the event that I am unable to:
<u>Name</u>	<u>Phone</u> <u>Relationship</u>
Anyone NOT permitted to pick up my child (with copy of	
Consent is given for the items initialed below: Walking Trips	
Motor Vehicle Trips	following
	following:
Daily Transportation	
	m the following:
·	
Swimming and/or Wading	
Location:	
Other Activities (e.g. homework supervision, trip	
Description:	
Photo Release	
	child care. Photos may be used in newspapers or other media for
	other families whose children attend the child care program.
Decline Photo Release	shild agra program
Do not photograph my child while in the	crilid care program.
Signature of Parent	