

# Child Release Form

CHILD'S FULL NAME (First/Last) \_\_\_\_\_

In the event of an emergency or disaster, such as an earthquake, the Daycare may implement a controlled release of children for their safety and well-being. Should this be necessary, the facility will only release your child to persons authorized on this form.

Parents/Legal Guardians:

|  |  |
|--|--|
|  |  |
|--|--|

We/I authorize the release of the above child into the custody of the following persons should either parent be unable to reach the daycare.

\*Designated alternatives should live within walking distance and be 19+ years old.

| Alternative Guardian<br>Please print clearly | Landline phone number<br>(include area code) | Cell Phone<br>(include area code) |
|--|--|-----------------------------------|
|  |  |                                   |
|  |  |                                   |
|  |  |                                   |
|  |  |                                   |

Please list any special instructions or individuals who are NOT authorized to pick up this child:

|  |
|--|
|  |
|  |

I realize that in the event of a controlled child release, only the above authorized adults will be able to claim my child (medical or response personnel excepted). On release of my child, a record shall be kept of the name of their temporary guardian, time of release and expected destination.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

DAYCARE USE ONLY (Please Print Clearly)

|                                    |  |
|------------------------------------|--|
| CHILD'S FULL NAME:                 |  |
| CHILD RELEASE TO:                  |  |
| FIRST DESTINATION:                 |  |
| FINAL DESTINATION:                 |  |
| AUTHORIZED BY (STAFF):             |  |
| DATE & TIME OF AUTHORIZATION:      |  |
| Signature of Alternative Guardian: |  |

NOTES: