

# 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:

Mr/Mrs/Ms	Mr/Mrs/Ms
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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 Please print clearly	Landline phone number (include area code)	Cell Phone (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: