

Authorization and Consent/Release

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child, _____. If I cannot be reached, I understand that the emergency contacts listed below will be called. However, I hereby authorize Sumner School District to call an ambulance to transport my child to a hospital or medical facility and to secure for my child the necessary medical treatment. I understand the faculty in the child care center is trained in the basics of first aid and CPR and I authorize them to give my child first aid.

To ensure children's safety, Sumner School District will release a child only to the parent(s)/legal guardian(s) who have signed this form and to those listed below as undersigned by the parent/guardian.

By signing this form, I understand that Sumner School District will not release my child to any other person unless I notify the Center in advance, following the guidelines listed below.

~If the person (spouse, relative, friend) picking up my child is listed on this form, I must notify the center verbally.

~If the person picking up my child is NOT listed on this form, I must notify the Center in writing.

~Photo ID will be required of any person picking up my child.

Child's Name: _____ Date of Birth: _____

Name: _____ Relationship: _____

Day Phone: _____

Cell Phone: _____

Evening Phone: _____

Name: _____ Relationship: _____

Day Phone: _____

Cell Phone: _____

Evening Phone: _____

Name: _____ Relationship: _____

Day Phone: _____

Cell Phone: _____

Evening Phone: _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

