

# Love and Learn Preschool

## Authorization and Consent/Child 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 Love & Learn Preschool 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 childcare center is trained in the basics of first aid and CPR and I authorize them to give my child first aid and/or CPR.

To ensure children's safety, Love & Learn Preschool 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 Love & Learn Preschool 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 identification will be required of any person picking up my child.

Child's Name: _____	Date of Birth: _____
1. Name: _____	Relationship: _____
Address: _____	Home Phone: _____
City/Town & Zip: _____	Cell Phone: _____
2. Name: _____	Relationship: _____
Address: _____	Home Phone: _____
City/Town & Zip: _____	Cell Phone: _____
3. Name: _____	Relationship: _____
Address: _____	Home Phone: _____
City/Town & Zip: _____	Cell Phone: _____
4. Name: _____	Relationship: _____
Address: _____	Home Phone: _____
City/Town & Zip: _____	Cell Phone: _____