

CHILD RELEASE FORM

Date: _____

Child(ren's) Name(s): _____

Child Care Program Name

Staff person

Child(ren) released to the above named person

Proof of I.D. (Yes or No)

Authorized emergency contact (Yes or No)

.....
Completed when releasing the child(ren).

Signature of person child(ren) released to

Destination

Date

Time