



Consent & Release

Name of Facility: _____ Address of Facility: _____

Name of Child: _____

The following persons are allowed to pick up my child from child care in the event that I am unable to:

| <u>Name</u> | <u>Phone</u> | <u>Relationship</u> |
|-------------|--------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Anyone **NOT** permitted to pick up my child (with copy of court order, if applicable):

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Consent is given for the items initialed below:

_____ Walking Trips
To the following: _____

_____ Motor Vehicle Trips
Type of vehicle: _____ To the following: _____
Child restraint system to be used: _____
Special needs of child during transport: _____

_____ Daily Transportation
Type of vehicle: _____ To/from the following: _____
Child restraint system to be used: _____
Special needs of child during transport: _____

_____ Swimming and/or Wading
Location: _____

_____ Other Activities (e.g. homework supervision, trips to neighborhood playgrounds, special trips)
Description: _____

_____ Photo Release
My child may be photographed while in child care. Photos may be used in newspapers or other media for the purpose of publicity or shared with other families whose children attend the child care program.

_____ Decline Photo Release
Do not photograph my child while in the child care program.

Signature of Parent Date