



Emergency Release Form

I give my permission for my child to be released from the program and/or to be received at the end of the program to the following people:

Name: _____

Relationship to child: _____

Address: _____

Telephone #: _____

Name: _____

Relationship to child: _____

Address: _____

Telephone #: _____

Name: _____

Relationship to child: _____

Address: _____

Telephone #: _____

Parent Signature: _____

Date: _____