My child has permission to be released to the following individuals, child care facilities or transportation services in addition to emergency contact persons listed above. (Please notify these individuals that they may be asked to show proof of identity)

| Name | Relationship |
|--|--------------------------------------|
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| I authorize the facility to secure emerg | ency medical treatment for my child. |
| Parent's Signature: | Date: |
| | |
| Date of Admission: | |