EMERGENCY CONTACT RELEASE FORM

Instructions: Please provide emergency contact information for the child's parent or guardian as well as **at least 1** other emergency contact person. Additionally, list any individuals who are approved to pick the child up from the center. Staff are **not permitted** to release the child at any time to any individual who is not included in the "Approved for Child Pick- Up" list

Child's Name:_____ Center: _____

Date of Birth: _____

Parent's /Guardian's Name: _____ Phone 1: _____

Home Address: _____ Phone 2: _____

City: _____ Email: _____

Parent/Guardian 1's work: _____ Phone: _____ Work Hours: _____

Parent/ Guardian 2's work: _____ Phone: _____ Work Hours: _____

Family Physician's Contact Information:

Physician's Name: _____

Name of Primary Care Practice: _____

Office Address: _____

Phone Number: _____

Fax Number: _____

Anyone picking up my child must provide a photo ID.

☐ Release ☐ Emergency

Name: _____ Relationship to child: _____
Phone: _____Home Address: _____

☐ I give permission for Head Start staff to share daily information such as any behaviors that may have taken place, incident reports, and/or medical needs regarding my child with the above listed person.

☐ Release ☐ Emergency

Name: _____ Relationship to child: _____
Phone: _____Home Address: _____

☐ I give permission for Head Start staff to share daily information such as any behaviors that may have taken place, incident reports, and/or medical needs regarding my child with the above listed person.

☐ Release ☐ Emergency

Name: ______________________________ Relationship to child: ____________________
Phone: _________________________Home Address: ______________________________

☐ I give permission for Head Start staff to share daily information such as any behaviors that may have taken place, incident reports, and/or medical needs regarding my child with the above listed person.

☐ Release ☐ Emergency

Name: ______________________________ Relationship to child: ____________________
Phone: _________________________Home Address: ______________________________

☐ I give permission for Head Start staff to share daily information such as any behaviors that may have taken place, incident reports, and/or medical needs regarding my child with the above listed person.

☐ Release ☐ Emergency

Name: ______________________________ Relationship to child: ____________________
Phone: _________________________Home Address: ______________________________

☐ I give permission for Head Start staff to share daily information such as any behaviors that may have taken place, incident reports, and/or medical needs regarding my child with the above listed person.

☐ Release ☐ Emergency

Name: ______________________________ Relationship to child: ____________________
Phone: _________________________Home Address: ______________________________

☐ I give permission for Head Start staff to share daily information such as any behaviors that may have taken place, incident reports, and/or medical needs regarding my child with the above listed person.

☐ I certify that the Emergency Contact information completed above is current and true.

____

Parent Signature Date

Updates:

	October	January	April	July (EHS only)
Date				
I certify that the emergency contact information completed above is current and true.	☐	☐	☐	☐
The information above is not current and I have filled out the Emergency Contact Update form	☐	☐	☐	☐
Parent/Guardian Signature				