

DISMISSAL RELEASE FORM for _____

I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the followings person. Please list **name & telephone number** for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Father's Name _____ Mother's Name _____

Last 4 digits of social security number _____ Last 4 digits of social security number _____

Check all that apply:

1. **Transportation** I hereby give do not give
Consent for my child to be transported and supervised by the operation's employees for **emergency care**.

2. **Water Activities** I hereby give do not give
my consent for my child to participate in Water Activities
 sprinkler play water table play splashing/wading pools

- 3 **Receipt of Written Operational Policies**
I acknowledge receipt of the facility's operational policies. These are found on our website at FullerHeartsPreschool.org.

4. **Picture Use Acknowledgement**
I acknowledge that my child's pictures may appear on Fuller Hearts Preschool's website, Facebook page, year-end slide show, wall displays, videos, advertising brochures, etc. No identifiers will be used.

Signature – Parent/Legal Guardian

Date

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: _____

Address _____ Phone: _____

Name of Emergency Medical Care Facility: _____

Address _____ Phone: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature – Parent or Legal Guardian