

**The Jewish Community Center Preschool**  
**must have written permission to release a child to anyone other than the legal guardian or**  
**parent. Reference Family Reg. 417.14e Group Reg. 416.15e**

**Release of Child**

In the event that you are unable to pick up your child from daycare the following people are authorized to pick up \_\_\_\_\_  
(child's name)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Parent Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Parent Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Parent Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Parent Signature: \_\_\_\_\_

The above listed people have permission to drop off and pick up your child/children from preschool with your prior approval. If for any reason a person no longer has the authorization or their information above changes you must update this form and initial the changes.  
Comments and/or special instructions:

\_\_\_\_\_  
\_\_\_\_\_

In the event of an accident or illness to my son/daughter \_\_\_\_\_. I give my permission to obtain emergency health care and transportation to \_\_\_\_\_ Health Care Facility.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_