

Sutherland Preschool Child Release Form

Child Photo

Please attach a 2x3 head and shoulder photo of the child. Computer photos are acceptable.
(exact size not shown here)

Child's Name: _____
(FIRST NAMES) (FAMILY NAME)

In the event of an emergency or disaster, Sutherland Preschool may implement a controlled release of children to the following authorized parents, guardians and/or caregivers.

Parent/Legal Guardians: Mr./Mrs./Ms. _____
(First Names) (Family Names) (Phone#)

Mr./Mrs./Ms. _____
(First Names) (Family Names) (Phone#)

We authorize the release of the above child into the custody of the following persons should either parent be unable to reach Sutherland Preschool.

(Designated alternates should live within walking distance and be 19+ years old.)

Alternate Guardian	Signature	Landline Phone # (Include Area Code)	Cell Phone# (Include Area Code)

Allergies/Medical Information (Please include MSP#): _____

I realize that in the event of a controlled child release, only the above authorized adults will be able to claim my child (medical or response personnel excepted). On release of my child, a record shall be kept of the name of their temporary guardian, time of release and expected destination.

Signature of Parent/Legal Guardian: _____ Date: _____

FOR SUTHERLAND PRESCHOOL USE ONLY (PLEASE PRINT CLEARLY)

CHILD'S NAME: _____

CHILD RELEASED TO: _____

FIRST DESTINATION: _____

FINAL DESTINATION: _____

AUTHORIZED BY (STAFF): _____

DATE & TIME OF AUTHORIZATION: _____

X _____
(SIGNATURE OF PARENT OR GUARDIAN)

NOTES: _____
