

Emergency Contact/Permission to Release Child Form

Head Start Unit: _____ Date: _____

Child's Name: _____ Family Name: _____
(First & Last)

Contact Name	Address Street, Town, Zip	Home Phone	Cell Phone	Work Phone	Relationship to Child	Emergency Contact	Authorized to receive child
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If a staff member has reasonable cause to suspect that any person picking a child up at a center or attending socialization at a social site is under the influence of alcohol/drugs or is physically or emotionally impaired in any way and may endanger a child, the staff members will: Ask the parent/guardian if they will allow you to call someone else to pick up the child.

Parent/Guardian Signature _____ **Date** _____