

CHILD RELEASE AUTHORIZATION

Consent is needed for another adult, other than a parent, to remove a child from the facility.

1. Name: _____ Relationship: _____
home phone: _____ work: _____ cell: _____

2. Name: _____ Relationship: _____
home phone: _____ work: _____ cell: _____

Signature of parent or guardian: _____

Please list siblings: _____

All children, as a condition of registration, require consent to call emergency medical services in the case of accident or illness where the parent or guardian cannot immediately be reached.

Signature of parent or guardian: _____

If there is a custody agreement, please give any details you wish us to be aware of:

IMMUNIZATION RECORDS

Please indicate which immunizations your child has received.

AGE	VACCINE	✓
2 months	DaPT / IPV / HIB Hepatitis B Pneumococcal	
4 months	DaPT / IPV / HIB Hepatitis B Pneumococcal	
6 months	DaPT / IPV / HIB Hepatitis B Pneumococcal	
on or after 1 st birthday	MMR Meningococcal C-C Chicken Pox	
18 months	DaPT / IPV / HIB Pneumococcal MMR	

DaPT: Diphtheria Pertussis Tetanus
IPV: Inactivated Polio Vaccine
HIB: Haemophilus Infuenzai Type B Hib
MMR: Measles Mumps Rubella
Pevnar: Pneumococcal C

I declare the above information to be accurate and will inform staff of changes.

Signature: _____