**Child Release Form**

My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may be released from Green Hills Child Center to the following individuals:

  *Name*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name***(not parent or guardian)* | **Relationship** **To Child** | **Will Your Child** **Recognize This Person?** | **Phone** **Number** |
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*Parent Signature Date*

* List the name of *at least* one person who can be contacted in the event of an illness or emergency **if you cannot be reached**.
* Any person listed should be able to assist in contacting you.
* *At least* one person listed:
	+ Must be within one hour of Green Hills Child Center, and
	+ Able to take responsibility for your child in case you cannot be contacted, and
	+ Should be *at least* 18 years old.

Thank you for your cooperation!