

**CHILD RELEASE FORM –
REGULARLY AUTHORIZED ADULTS**

Wapato Cooperative Preschool

I, _____, authorize the release of
PRINT PARENT/GUARDIAN NAME HERE

my child, _____, to the following adults during the school year.

Name	Relationship	Home Phone & Cell Phones
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First Parent/Guardian:

Second Parent/Guardian:

Other Authorized Adults:

1. _____

2. _____

3. _____

4. _____

5. _____

SIGNATURE OF PARENT/GUARDIAN

DATE

Please immediately notify teacher if there are any changes of persons authorized to pick up your child or changes in phone numbers.

- **The parent shall also notify the person who picks up the child that picture identification may be required. The teacher shall check the photo identification.**
- All co-ops must have on file a list of the persons regularly authorized to take a child from the co-op. Updated forms shall be kept on file for the duration of the child's enrollment in the co-op laboratory. (See Appendix J1).
- **Under no circumstances will a child be released without prior authorization.**

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APPENDIX C1

**SAMPLE CONSENT TO MEDICAL CARE & TREATMENT OF MINOR CHILD
and
EMERGENCY MEDICAL INFORMATION**

- I hereby give permission that my child, _____, may be given emergency treatment by a qualified staff member at the **Wapato Cooperative Preschool**. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician, hospital, or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health, and I cannot be contacted. I waive my right of informed consent to such treatment.
- I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.
- I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature

Phone Number

Date

Information for: _____(child's name) Birth date:_____

Regular medications:_____

Allergies and drug reactions:_____

Preferred Hospital:_____

Parent's work phone:_____ Other number:_____

Parent's work phone:_____ Other number:_____