

Tri-County Head Start/Early Head Start
Emergency and Release Permission Form

I, _____, give permission for the following people to take or pick up my child, _____, from school when he/she is dismissed. The names listed may also be contacted if/when a child is sick and parent cannot be reached, or if staff has questions regarding information provided on the application.

Please list names in the order of which they are called.

1. Name/Relationship: _____ DOB/Age: _____

Address: _____

Phone # _____ Cell # _____ Work# _____

2. Name/Relationship: _____ DOB/Age: _____

Address: _____

Phone # _____ Cell # _____ Work# _____

3. Name/Relationship: _____ DOB/Age: _____

Address: _____

Phone # _____ Cell # _____ Work# _____

4. Name/Relationship: _____ DOB/Age: _____

Address: _____

Phone # _____ Cell # _____ Work# _____

If no one comes to pick up your child at the end of the day we will contact someone from the emergency list. If this is unsuccessful, at the end of the school day, your child could be reported to the Police Department and – pertinent information given to them. We must follow this procedure to protect your child.

Parent/Guardian Name _____

Address _____

Phone # _____ Cell _____ Work _____

I have read, understood, and agree with the Procedure for Dismissal. I certify that the information provided on this application is accurate and truthful to the best of my knowledge.

Parent/Guardian Signature Date

Notary Signature/Seal Date