MISS BARBARA'S PRESCHOOL
PO BOX 484~LAKE GROVE~NY~11755
PHONE: (631)981-1271

Emergency Release Form

Child's Name: _____ Session: _____

For your child's safety, the school must maintain an authorized list of individuals permitted to pick up your child. We will not release any student to an unauthorized person. Include anyone who might pick up your child due to illness, scheduling conflicts, or emergencies. No child will be released to individuals not named on this form.

The person picking up your child must present photo ID.

Parent #1 Name _____

Parent #2 Name _____

Name:	Relationship:
Phone No.:	
Name:	Relationship:
Phone No.:	
Name:	Relationship:
Phone No.:	

Parent Signature:_____ Date:_____