

EMERGENCY CONSENT FORM

Child's Name _____

Date of Birth _____

My child _____, has my permission to leave There's No Place Like Home Daycare with the following people. I/We understand that my child will not be released to anyone whose name is not included on this list. Staff will ask any person (s) unknown to them for proof of identity.

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In case of an emergency and I/We cannot be reached, the program has my/our permission to phone the following to care for my child.

The program will not release a child to anyone under the age 18 years or to anyone who does not appear competent.

Name _____ **Relationship** _____

Home Address _____ **Home Phone** _____
Work Phone _____
Cell Phone _____

Name _____ **Relationship** _____

Home Address _____ **Home Phone** _____
Work Phone _____
Cell Phone _____

Name _____ **Relationship** _____

Home Address _____ **Home Phone** _____
Work Phone _____
Cell Phone _____

