

Spectrum Station Early Learning and Childcare Centers
Emergency Contact Child Release Authorization

		Door Code:
Child's Name:		Date of Birth:
Address:		
City, State, Zip		
Parent/Guardian:	Cell #:	Work #:
Employer:	Home #:	
Email Address:		

Parent/Guardian:	Cell #:	Work #:
Employer:	Home #:	
Email Address:		

Custodial paperwork on file (Y) (N)

EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM CENTER (OTHER THAN PARENT)

THIS CENTER REQUIRES PARENT NOTIFICATION IN ORDER TO RELEASE A CHILD TO ANYONE OTHER THAN A PARENT OR GUARDIAN.

1)	Contact #	Contact #
Address:		Relationship:
2)	Contact #	Contact #
Address:		Relationship:

EMERGENCY TREATMENT AUTHORIZATION

I give SPECTRUM STATION permission to make whatever emergency measures (i.e.: first aid; disaster evacuation; emergency services) are judged necessary for the care and protection of my child while under the supervision of SPECTRUM STATION.

In cases of medical emergency, I understand that my child will be transported to the nearest hospital by the local emergency unit for treatment, if the local emergency resource deems it necessary.

It should be understood that in some medical situations, the staff will need to contact the local emergency resource before contacting the parent, guardian, and/or child's physician.

EMERGENCY MEDICAL INFORMATION:

Doctor:

Phone:

ALLERGIES/SPECIAL MEDICAL NEEDS:

PARENT/GUARDIAN SIGNATURE:	DATE:
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