



Day Care Center LLC

120 Saybrook Road  
Higganum, CT 06441  
(860) 345-4347  
FAX (860) 345-4138

**AUTHORIZATION TO RELEASE CHILD**

I, \_\_\_\_\_, hereby give my consent to Young Horizons Day Care Center to release \_\_\_\_\_ to another responsible adult that is listed below in the event that I can't be contacted in an emergency. I also will notify the center in writing if I know in advance that another adult listed on this form is picking up my child. Young Horizons staff will ask to see a valid picture identification before we will release your child to that person. Your child will not be released to anyone without prior written permission.

**THE FOLLOWING PERSONS ARE AUTHORIZED TO PICK UP MY CHILD:**

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>	<u>PHONE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**EMERGENCY MEDICAL PERMISSION**

All staff certified in first aid have my permission to provide first aid for my child. In the event of a serious injury that cannot be easily treated, I, \_\_\_\_\_ give my consent to Young Horizons Day Care Center to call \_\_\_\_\_ at \_\_\_\_\_ or to transport my child to an appropriate medical facility by ambulance should an emergency arise. I give my permission for my child to be treated as appropriately determined by emergency personnel and I agree to be responsible for all charges.

Insurance Co. \_\_\_\_\_ Policy holder \_\_\_\_\_

Insurance number \_\_\_\_\_ Group number \_\_\_\_\_

Phone number \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_