

MILLBROOK EARLY
CHILDHOOD
EDUCATION CENTER

Emergency Release Form 2019-20

****PLEASE PRINT CLEARLY**

Child's Name: _____ D.O.B. _____

Parent 1

Parent 2

Name: _____

Name: _____

Address _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell (area code): _____

Cell (area code): _____

Email: _____

Email: _____

***** Please Circle the number that you would prefer we call first in the event of an emergency.**

In case of Emergency and a parent cannot be reached, call:

****Name:** _____ **Phone:** _____

****Name:** _____ **Phone:** _____

I authorize the following person(s) to pick up and/or transport my child. MECEC will release my child to this person only upon notification. I also understand that once my child has been picked up by the authorized person(s) that Millbrook Early Childhood Education Center is no longer responsible for his/her safety.

Contact Name	Relationship	Address	Telephone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I give permission to Millbrook Early Childhood Education Center to arrange for transportation by ambulance for my child if in need of emergency medical care and for medical treatment declared necessary by the director in the event that I or the person(s) listed above cannot be reached. I prefer _____ Hospital.

Doctor to be notified:

Child's Dentist:

Name: _____ Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

Tetanus Date: _____

Allergies: _____

Health Insurance Company: _____ Number: _____

Custody Order: Yes No (circle one) Orders of Protection: Yes No (circle one)

Copies of Custody Order and/or Orders of Protection must be on file.

PARENT SIGNATURE: _____ DATE: _____