



Release Form (2018-2019)

PARENTS' HANDBOOK

I, _____, the parent or legal guardian, have received a Parents' Handbook and agree to abide by its policies.

✍ Signature of Parent /Guardian Date

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILD

I, _____, the parent or legal guardian hereby give permission that my child, _____, may be given emergency treatment to include first aid and CPR by a qualified staff member of Trinity Early Learning Center. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed by my child's regular physician or when the physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. In such a case, I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I agree that I will pay all physicians and hospital bills and that TELC shall not be responsible for them.

✍ Signature of Parent /Guardian Date

EMERGENCY CONTACTS AND CONSENT TO RELEASE

Other than to the parent or guardians, my child will only be released to persons indicated below. At least two local persons must be listed to call in case of illness, accident, late pick-up, or other reasons. *Please list in order of contact preference* and alert those listed to bring photo identification. All contacts you approve must be listed, regardless if they have been listed in previous years. If a name is not listed, it is assumed they are no longer authorized.

Name & Relationship to Child	Date of Birth	Contact number
_____ <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick up	_____	_____ <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home
_____ <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick up	_____	_____ <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home
_____ <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick up	_____	_____ <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home
_____ <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick up	_____	_____ <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home

My child should **NEVER** be released to the persons listed below. If there is a court order or other legal paperwork that could assist law enforcement, please provide a copy for us to keep on file.

✍ Signature of Parent /Guardian Date