



**KID CARE
PROGRAM
2024 - 2025**

EMERGENCY & RELEASE FORM

PLEASE PRINT

PARENT'S NAME: _____

Child/ren First and Last Name	Grade	Room
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____ Phone: _____

Relationship to child: _____ Cell Phone: _____

Name: _____ Phone: _____

Relationship to child: _____ Cell Phone: _____

Name: _____ Phone: _____

Relationship to child: _____ Cell Phone: _____

Please list any information that may be helpful in the care of your child/ren especially any allergies or medical conditions.



RELEASE FORM

You may release my child/ren to:

Name: _____

Phone: _____

Relationship to child: _____

Cell Phone: _____

Name: _____

Phone: _____

Relationship to child: _____

Cell Phone: _____

Name: _____

Phone: _____

Relationship to child: _____

Cell Phone: _____

Name: _____

Phone: _____

Relationship to child: _____

Cell Phone: _____

Name: _____

Phone: _____

Relationship to child: _____

Cell Phone: _____

Name: _____

Phone: _____

Relationship to child: _____

Cell Phone: _____

Parent Signature: _____

Date: _____