



Train Up Preschool

Authorized Student Release Form

Student's Name: _____

For the safety of all our students, please complete the following form. If there are any changes throughout the school year, please submit them in writing.

AUTHORIZATION FOR PICK-UP

If you are not going to be able to pick up your child, please TELL your teacher. **ONLY THOSE AUTHORIZED ON THIS FORM MAY PICK UP YOUR CHILD.**

_____ (initials) *I authorize Train Up Preschool to release my child to the following adults:*

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

The person picking up your child **MUST** bring in their **DRIVER'S LICENSE** for identification.

PERSONAL INFORMATION RELEASE

I give my permission for my child's teacher or the director of Train Up Preschool to release my home address and phone number to classmate's parents for the purpose of organizing play dates, parties, etc.

_____ (initials) ____ Yes ____ No

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Train Up staff will attempt to contact parents immediately about any sudden illness or significant injury. I will not hold the Saginaw Church of Christ, the Saginaw Church of Christ "Train Up Preschool", or any staff thereof responsible for any illness or accident incurred while my child is in their care.

_____ (initials) *I authorize Train Up Preschool to arrange emergency medical care for my child.*

Name of Physician: _____ Phone Number: _____

Does your child require use of an EPI pin for allergic reactions? Y N (If yes, bring daily to Train Up)

List any allergies: _____

Have you detected or suspected difficulties in: ____Hearing ____Sight ____Speech ____Other please explain

****Train Up Preschool requires a current copy of each child's Immunization Record**

Other than Mom or Dad, who is to be called in case of illness or emergency?

Name: _____ Phone Number: _____

Signature of Consenting Parent: _____ **Date:** _____