

*The Dr. Miller & Genevieve Toombs
Children's Learning Center
Shawnee State University*

Permission to Release Child

My child, _____, may be released from preschool to the following list of people. Parents are to include their name(s) on this list, as well as, emergency transportation contacts.

<i>Name</i>	<i>Relationship to Child</i>	<i>Phone</i>	<i>Security Access Code</i>

Date

Signature

This form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee initials	Date of Review