

**CHILD RELEASE FORM –  
REGULARLY AUTHORIZED ADULTS**

\_\_\_\_\_  
NAME OF CO-OP

I, \_\_\_\_\_, authorize the release of  
PRINT PARENT/GUARDIAN NAME HERE

my child, \_\_\_\_\_, to the following adults during the school year.

<b>Name</b>	<b>Relationship</b>	<b>Home Phone &amp; Cell Phones</b>
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First Parent/Guardian:

\_\_\_\_\_

Second Parent/Guardian:

\_\_\_\_\_

Other Authorized Adults:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**Please immediately notify teacher if there are any changes of persons authorized to pick up your child or changes in phone numbers.**

- **The parent shall also notify the person who picks up the child that picture identification may be required. The teacher shall check the photo identification.**
- All co-ops must have on file a list of the persons regularly authorized to take a child from the co-op. Updated forms shall be kept on file for the duration of the child's enrollment in the co-op laboratory. (See Appendix J1).
- **Under no circumstances will a child be released without prior authorization.**

Rev. 7/2017

**APPENDIX C1**

**SAMPLE CONSENT TO MEDICAL CARE & TREATMENT OF MINOR CHILD  
and  
EMERGENCY MEDICAL INFORMATION**

- I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a qualified staff member at the \_\_\_\_\_ Cooperative Preschool. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician, hospital, or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health, and I cannot be contacted. I waive my right of informed consent to such treatment.
- I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.
- I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

Information for: \_\_\_\_\_ (child's name) Birth date: \_\_\_\_\_

Regular medications: \_\_\_\_\_

Allergies and drug reactions: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Parent's work phone: \_\_\_\_\_ Other number: \_\_\_\_\_

Parent's work phone: \_\_\_\_\_ Other number: \_\_\_\_\_