



## General Release Form

Name of Child \_\_\_\_\_

Date \_\_\_\_\_

### AUTHORIZATION FOR RELEASE

The following people (**please include parents/guardians**) are authorized to pick up my child from Cherry Preschool:  
Individuals must be at least 18 years of age to pick up a child from preschool per DCFS regulation.

<b>Name:</b>	<b>Parent/Guardian (legally responsible for child)</b>
Address:	Phone: _____ Cell: _____
<b>Name:</b>	<b>Parent/Guardian (legally responsible for child)</b>
Address:	Phone: _____ Cell: _____
<b>Name:</b>	<b>Relationship:</b>
Address:	Phone: _____
<b>Name:</b>	<b>Relationship:</b>
Address:	Phone: _____
<b>Name:</b>	<b>Relationship:</b>
Address:	Phone: _____
<b>Name:</b>	<b>Relationship:</b>
Address:	Phone: _____

#### PLEASE ATTACH ANOTHER SHEET IF THERE ARE ADDITIONAL NAMES

Only the people whose names appear on this list are authorized to pick up your child. Teachers may request identification and will not release your child to anyone not authorized by you.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

#### PLEASE COMPLETE FOR BOTH PARENTS/GUARDIANS:

Name:	_____	_____
Home Phone:	_____	_____
Work Phone:	_____	_____
Cell Phone:	_____	_____
E-mail:	_____	_____

PLEASE TURN OVER & COMPLETE BACK SIDE

## EMERGENCY INFORMATION

In an emergency when neither parent/guardian can be reached, please call the following people (in this order). DCFS requires that you give us three names in addition to yours.

	NAME	RELATIONSHIP	HOME PHONE	WORK PHONE
1.				
2.				
3.				

Child's doctor - Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's dentist - Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Health Insurance (Insurer & policy number) \_\_\_\_\_

List any medications your child takes regularly: \_\_\_\_\_

Note any medical condition/allergy your child has that an emergency health care worker should know: \_\_\_\_\_

Names of individuals, other than parents who are authorized to access child's health information: \_\_\_\_\_

## PARENT/GUARDIAN AGREEMENTS

*If emergency care is indicated and I am not immediately available, I authorize Cherry Preschool to call the paramedics to take my child to Evanston/St. Francis Hospital for treatment.* (Required)

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

*I certify that I have read the Parent Handbook, including the summary of licensing standards printed by the Illinois Department of Children and Family Services.* (Required)

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

*I agree that my child may be taken on neighborhood walks under the supervision of his/her teachers.* (Required)

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

*I understand that Cherry Preschool will use my e-mail address for school related communications and emergency notifications. I understand that it will not be sold to/shared with anyone outside of the preschool.* (Required)

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

*I give permission for Cherry Preschool to list my family's address, phone number and email address in the School Directory. I understand that this information will not be sold/shared with anyone outside of the preschool.* (Optional)

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

*I give permission for Cherry Preschool to use photographs of my child for marketing purposes, on our website, or on social media (Facebook, Instagram). I understand that my child will receive no compensation and will not be identified by name.* (Optional)

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_