Child Release Form

Child Name: _____

For the safety of all children, Shining Smiles will release a child only to parent(s), legal guardian(s) or to third parties authorized below. Parents/guardians are required to provide a current copy of any relevant custody order.

If the person picking up the child does not do so on a regular basis and is listed on this *Child Release Form* please notify Shining Smiles verbally. Please also have the individual bring a current photo ID to be used upon entry into Shining Smiles.

If the person picking up the child is **NOT** listed on this *Child Release Form* a **Written Notice** must be given to Shining Smiles **in Advance** of pick up.

Shining Smiles will not release a child to anyone who is **NOT** on the release form or has not been given the authority to do so via **Written Notice.** Shining Smiles will not release a child to anyone who appears impaired. If an impaired individual attempts to pick up your child, pick-up will be refused and Shining Smiles will attempt to contact another authorized person found on this *Child Release Form*. If alternative arrangements cannot be made, the local child protective services agency and/or local authorities will be contacted as required by state licensure.

The Following Individuals, Who are NOT Parents/Guardians are Authorized to Pick Up My Child and Contacted in Case of Emergency (Please List at Least Two)

Name: _____

Address: _____
City/Town   State   Zip

Relationship to Child/Parent/Guardian: _____

Primary Contact Number: (_____) _____ - _____   ☐ Cell   ☐ Home

Primary Email Address: _____

Contact in Case of Emergency: ☐ Yes   ☐ No

Name: _____

Address: _____
City/Town   State   Zip

Relationship to Child/Parent/Guardian: _____

Primary Contact Number: (_____) _____ - _____   ☐ Cell   ☐ Home

Primary Email Address: _____

Contact in Case of Emergency: ☐ Yes ☐ No

Name: _____

Address: _____

                                         City/Town   State   Zip

Relationship to Child/Parent/Guardian: _____

Primary Contact Number: (_____) _____ - _____ ☐ Cell ☐ Home

Primary Email Address: _____

Contact in Case of Emergency: ☐ Yes ☐ No

Parent/Guardian Signature: _____ Date: _____