

Child Release Form

To Be Completed By Requester At Request Gate	
Section 1: Initial Request	
Child's Name:	
Teacher:	Classroom:
To Be Completed By Request Gate Staff	
Section 2: Contact Verification	
Requested By:	
Proof of I.D./I.D. Number:	
Confirmed that this person is official Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
To Be Completed By Child Care Area Staff	
Section 3: Child's Status	
Sent with Runner:	
Absent:	
First Aid:	
Missing:	
<small>*If child is absent, in first aid, or missing, deliver this form to Center Director.</small>	
To Be Completed By Release Gate Staff	
Section 4: Final Contact Verification	
Proof of I.D./I.D. Number:	
Confirmed that this person is official Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
To Be Completed By Requester at Release Gate	
Section 5: Requester Signs Off	
Signature:	Destination:
Date:	Time:
Section 6: Staff Signature:	
Release Gate Staff Signature:	