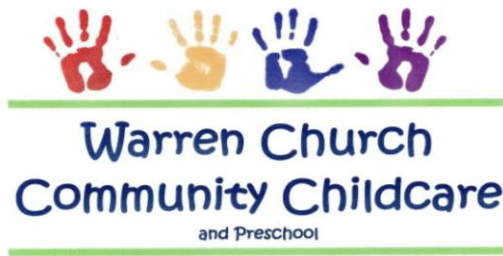


4 Sackett Hill Road
Warren, CT 06754



Tel: (860) 868-2236

PERMISSION TO REMOVE CHILD

I/We authorize the following person(s) to be contacted if I/we cannot be located. **Said person(s) have permission to remove and/or act as guardian** for *(child's full name)* _____ in case of emergency or any unforeseen situation if I/we cannot be reached.

Each Person(s) listed below must sign this form and provide a photo for the child's file. By signing this form, you agree to act as a contact in case the parent/guardian cannot be reached. The person picking up the child must sign the child out and show proper photo identification. The name(s) listed below must coincide with the names listed on the enrollment form. This form must be updated each enrollment period.

1. _____ - _____ - _____
Name Phone Number Signature

2. _____ - _____ - _____
Name Phone Number Signature

3. _____ - _____ - _____
Name Phone Number Signature

The following individuals are NOT allowed to remove my child from the Childcare. Where possible, I have provided a photo of each person. I have also provided a copy of the legal justification (custody agreement, etc) to the Childcare.

I/We have read the above authorization.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date