

# BRIGHT HORIZONS AUTHORIZATION AND CONSENT / CHILD RELEASE

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child, \_\_\_\_\_ . If I cannot be reached, I understand that the emergency contacts listed below will be called. However, I hereby authorize Bright Horizons to call an ambulance to transport my child to a hospital or medical facility and to secure for my child the necessary medical treatment. I understand the staff in the child care Center/School is trained in the basics of first aid and CPR and I authorize them to give my child first aid. In the best interests of my child, I realize any member of the teaching staff assigned responsibility for the care and education of my child may view my child's health information, as well as state licensors to ensure compliance.

Child's Health Insurance Provider: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

To ensure children's safety, Bright Horizons will release a child only to the parent(s)/legal guardian(s) who have signed this form and to those listed below as undersigned by the parent/guardian.

If the Parent or persons authorized by the parent appears to be physically and/or emotionally impaired to the extent that in the judgment of the director and/or staff member the child would be placed at risk of harm if released to such an individual the center shall insure that:

1. The child may not be released to such an impaired individual
2. Staff members attempt to contact other parent or an alternative person authorized by the parent
3. If the center is unable to make alternative arrangements, a staff member shall call the Division's 24 hour Child Abuse Hotline (1-877-NJ-ABUSE) to seek assistance in caring for the child.

*By signing this form, I understand that Bright Horizons will not release my child to any other person unless I notify the Center/School in advance, following the guidelines listed below:*

- If the person (spouse, relative, friend) picking up my child is listed on this form, I must notify the Center/School verbally.
- If the person picking up my child is **NOT** listed on this form, I must notify the Center/School in writing.
- Photo identification will be required of any person picking up my child.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

- |                        |                        |
|------------------------|------------------------|
| 1. Name: _____         | Relationship: _____    |
| Address: _____         | Day Phone #: _____     |
| City/Town & Zip: _____ | Evening Phone #: _____ |
|                        | Cell Phone #: _____    |
| 2. Name: _____         | Relationship: _____    |
| Address: _____         | Day Phone #: _____     |
| City/Town & Zip: _____ | Evening Phone #: _____ |
|                        | Cell Phone #: _____    |
| 3. Name: _____         | Relationship: _____    |
| Address: _____         | Day Phone #: _____     |
| City/Town & Zip: _____ | Evening Phone #: _____ |
|                        | Cell Phone #: _____    |
| 4. Name: _____         | Relationship: _____    |
| Address: _____         | Day Phone #: _____     |
| City/Town & Zip: _____ | Evening Phone #: _____ |
|                        | Cell Phone #: _____    |

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)