

# 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 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.

By signing this form, I understand that Bright Horizons will not release my child to any other person unless I notify the Center 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 verbally.
- If the person picking up my child is **NOT** listed on this form, I must notify the Center 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)