



CARES Program 2018-19
Pick Up Release Form

Child's Name _____

Parent(s) or Guardians with whom the child resides:

Mother's Name, Address, Phone

Father's Name, Address, Phone

Employer Address/Phone (Father)

Employer Address/Phone (Mother)

In addition to the parent, the following people also have my permission to pick up my child from CARES:

Name

Address & Phone

Name

Address & Phone

The staff at the CARES Program has access to all of the medical forms used by your child while in school. Please alert the CARES staff to any additional information you think is important. The distribution of medicine at the CARES Program follows the same policy as St. Maximilian Kolbe School.

Allergies: _____

Parent/Guardian Signature

Signatures of authorized pick-up (named above)

Signature of authorized pick -up (named above)

