

MILFORD COMMUNITY SCHOOL USE PROGRAM  
**EXTENDED DAY PROGRAM**  
**PICK-UP AND RELEASE FORM**

The following authorizations are necessary for the EXTENDED DAY staff to act in your child's best interest. Please complete all information and return.

**CHILD'S NAME:** \_\_\_\_\_

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**PICK-UP AUTHORIZATION:**

I authorize

<b>NAME:</b>	
<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>NAME:</b>	
<b>Home Phone:</b>	<b>Cell Phone:</b>

to pick up my child at Extended Day. If there are any changes in these arrangements, I will notify the Milford Community Program in advance by written notice.

If there are any special instructions, or any persons who are **NEVER** to be authorized to pick up your child, please list here.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of parent/guardian** \_\_\_\_\_

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**PHOTOGRAPHIC RELEASE:**

I do \_\_\_ do not \_\_\_ consent and authorize the Extended Day Program to use and reproduce photographs taken of my child for advertising and publicity purposes.

**Signature of parent/guardian** \_\_\_\_\_

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**EMERGENCY MEDICAL PERMISSION:**

\_\_\_\_\_ I authorize the Extended Day Staff to take my child to Milford Regional Medical Center, and I authorize treatment by the physician on call.

\_\_\_\_\_ I do NOT authorize the Extended Day Staff to oversee any medical treatment for my child in my absence.

**Signature of parent or guardian** \_\_\_\_\_