

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: _____

PICK-UP AUTHORIZATION: I authorize the following 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.

NAME:	RELATION:
WORK PHONE:	CELL PHONE:

NAME:	RELATION:
WORK PHONE:	CELL PHONE:

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

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 _____

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 _____

RELEASE OF LIABILITY:

I/We the parent(s)/guardian(s) of _____, a participant in the Extended Day Program, hereby give my/our approval to his/her participation in any and all Milford Community School Use Program activities during the current year. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Milford Community School Use Program, the town of Milford, the organizers, supervisors, sponsors, participants, and persons transporting my/our child to or from activities, for any claim arising out of an injury to my/our child to the extend covered by accident or liability insurance.

DATE _____ **SIGNATURE** _____