

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

NAME:	
Home Phone:	Cell Phone:
NAME:	
Home Phone:	Cell Phone:

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 _____

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 _____

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/guardian _____