

Lincoln BASP Emergency Contact and Release Form

Child's Full Name: _____

The following individuals may be contacted in case of emergency and my child may be released to them:

Name: _____

Address: _____

Phone Numbers:

Home: _____ Cell: _____ Work: _____

Relationship to child: _____

Name: _____

Address: _____

Phone Numbers:

Home: _____ Cell: _____ Work: _____

Relationship to child: _____

Name: _____

Address: _____

Phone Numbers:

Home: _____ Cell: _____ Work: _____

Relationship to child: _____

Name: _____

Address: _____

Phone Numbers:

Home: _____ Cell: _____ Work: _____

Relationship to child: _____

Please fill out completely (choose answer from dropdown):

I _____ for my child to attend center-sponsored field trips. This may include walking, car, van, bus or public transportation.

I _____ for center staff to transport my child to and from school in a center-owned vehicle using only one staff.

I _____ for my child to attend non-center activities. My child will attend the following non-center activities.

I _____ for sun block to be applied to my child's skin. If you have a sun screen preference, you must provide it with the child's name written on the container using a permanent marker. Please indicate the preferred sun screen (if applicable): _____

I _____ for my child's picture to be taken.

I _____ for my child to be videotaped.

Parent: _____ Date: _____

Parent: _____ Date: _____