



I, _____, give my permission to the following person(s) to remove my child, _____, from Prairie Lily Early Learning Centre Before & After School Program **without prior consent**. I understand that my emergency contacts also have these privileges.

Name: _____
Relationship to Child: _____
Home Phone: _____
Business Phone: _____

Name: _____
Relationship to Child: _____
Home Phone: _____
Business Phone: _____

Name: _____
Relationship to Child: _____
Home Phone: _____
Business Phone: _____

Name: _____
Relationship to Child: _____
Home Phone: _____
Business Phone: _____

Name: _____
Relationship to Child: _____
Home Phone: _____
Business Phone: _____

Name: _____
Relationship to Child: _____
Home Phone: _____
Business Phone: _____

***DISCLAIMER:**

The staff at Prairie Lily Before & After School Program may require proof of identification prior to releasing your child. Please ensure that all contacts bring photo ID into the building with them. At any time, if the information above becomes invalid, it will be the responsibility of the parent to inform Prairie Lily of any changes. **If the parent/guardian does not inform in writing the Prairie Lily program staff or office of these changes, Prairie Lily will not be responsible for releasing a child into the care of any of the person(s) listed above.**

Parent/Guardian Signature
Date: ____/____/____
Year Month Day

Executive Director
Date: ____/____/____
Year Month Day