



Duke University Health System
 Severe Weather Child Care managed by *Bright Horizons Family Solutions*
 Release Consent Form



I, _____, hereby authorize Bright Horizons Family Solutions to release my child(ren), who I list
 (Duke employee print your name)
 below, to any one of the adults that I list on this sheet.

(Information Required)

Child's Name: _____ Date of Birth: ____/____/____ Grade: _____

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Child's Name: _____ Date of Birth: ____/____/____ Grade: _____

Only the child(ren) of the Duke employee, completing this form, is(are) eligible for access to child care.

Emergency Contact Person (other than parent or legal guardian) with authorization to pick up the child (REQUIRED)

Name: _____

Relationship to child(ren): _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Pager: _____

List individuals *other* than parents or legal guardians (listed on your Pre-Registration Form) with authorization to pick up your child(ren). **OPTIONAL**

Individual #1

Individual #2

Name: _____

Name: _____

Relationship to child(ren): _____

Relationship to child(ren): _____

Address: _____

Address: _____

Email Address: _____

Email Address: _____

Home Phone: _____

Home Phone: _____

Business Phone: _____

Business Phone: _____

Mobile Phone: _____

Mobile Phone: _____

Pager: _____

Pager: _____

Please check each box upon completion. (REQUIRED)

I have read the Parent Fact Sheet.*

I have reviewed the Bright Horizons Family Solutions Policy on Positive Guidance with my child(ren).*

*Can be found at www.hr.duke.edu/weather/childcare

Signature of parent/legal guardian: _____ Date: _____

Your signature affirms that the child(ren) indicated on this form is(are) that(those) of the Duke employee, who is requesting child care at one of the Duke sites listed above.

ONLY authorized adults can pick up child(ren) and they (including parents or legal guardians) must present valid photo identification. For the safety of your child(ren), no exceptions will be made.

Do not write in the box below.

Date Received: _____	Time Received: _____	<input type="checkbox"/> Parental Release Consent complete	Reviewed by: _____
<input type="checkbox"/> DUH	<input type="checkbox"/> DHRH	<input type="checkbox"/> DRH	<input type="checkbox"/> Parental Release Consent incomplete: _____