

PERMISSION TO RELEASE INFORMATION

Date: _____

I understand that the time my child, _____
is in the facility, that the director may be asked for information regarding my child.

I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

Signature of Parent/Guardian

Date

I do not give permission to release information about my child as set forth in the aforementioned statement. I realize that Child Care Licensing has access to my child's record as the licensing agent.

Signature of Parent/Guardian

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