***CARES PROGRAM***

***PICK-UP RELEASE FORM***

***Child's Name _____***

***Parent(s) or Guardians with whom the child resides:***

_____

***(Mother's Name)*** ***(Street Address)*** ***(Phone)***

_____

***(Employer)*** ***(Address)*** ***(Phone/Work)***

_____

***(Father's Name)*** ***(Street Address)*** ***(Phone)***

_____

***(Employer)*** ***(Address)*** ***(Phone/Work)***

**In addition to the parent, the following people also have my permission to pick up my child from the CARES Program.**

**(NAME)** **(ADDRESS)** **(PHONE)**

_____

_____

_____

**The staff at the CARES Program has access to all of the medical forms used by your child while in the school. Please alert the CARES Staff to any additional information you feel is important. The distribution of medicine at the CARES Program follows the same policy as St. Maximilian Kolbe School.**

**Parent/Guardian Signature _____**
**Signatures of authorized pick-up (noted above)**

_____

_____

**Allergies: _____**