Release Form

Child’ Name:____________________
Date:_________________________

I hereby give permission to the following person(s) to remove my child from First Nation University of Canada pamināwasowin Child Care Centre without prior consent, and at any time.

1. Name:                                __________________________
   Relationship to Child:   __________________________
   Home Phone:                     __________________________
   Other Phone:                      __________________________

2. Name:                                __________________________
   Relationship to Child:   __________________________
   Home Phone:                     __________________________
   Other Phone:                      __________________________

3. Name:                                __________________________
   Relationship to Child:   __________________________
   Home Phone:                     __________________________
   Other Phone:                      __________________________

4. Name:                                __________________________
   Relationship to Child:   __________________________
   Home Phone:                     __________________________
   Other Phone:                      __________________________

5. Name:                                __________________________
   Relationship to Child:   __________________________
   Home Phone:                     __________________________
   Other Phone:                      __________________________

The Centre may require proof of identification prior to releasing the child. It is the responsibility of the parent/guardian to inform Centre in writing of any changes. If the parent/guardian does not inform the Centre in writing, the Centre will not be responsible for releasing a child into the care of the persons listed above.
Name of Parent or Guardian:______________________________________

Parent/Guardian’s Signature:____________________________________

Date: ___________________________________________________________