



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: _____