

 Policy #: E-12	Effective Date: 5/29/97	Page #: 1 of 2
Ref #: 1304.22 (b) (2) / 1304.51(g) 1310:10 (g)	Policy Council Approval Date: 8/28/07	Revision Date: 4/12/07, 8/22/07

COMPONENT: EDUCATION, HEALTH, ADMINISTRATION

SUBJECT: EMERGENCY RELEASE AUTHORIZATION, NORMAL PICK-UPS AND DROP-OFFS

PERFORMANCE OBJECTIVE: In case of emergency, persons that are not on the release authorization form must be verified by the parent/guardian telephonically or by written request.

In regards to normal pick-ups and drop-offs, this policy is to establish the standard for transferring responsibility for a child from the Head Start staff to the family and the family to the Head Start staff.

OPERATIONAL PROCEDURE: A Head Start child can only be released to those who are listed on the emergency contact form. A written request can be presented to change the emergency contact forms. The emergency contact form must be available and used in all Head Start classes and buses. Please see form on next page.

*When delivering a child to a different destination, due to an emergency, the Bus Driver should check ID and have person sign for the child on the Bus Log.

* The child will not be released to anyone who might place the child at risk.

* Emergency contact will be called to pick-up the child. If emergency contact cannot be reached, the correct law enforcement agency will be contacted.

To ensure that all children are accounted for:

Any child who is PICKED UP from the center must be signed out by the parent/guardian/authorized person on the SIGN-OUT log before the child is released to that person.

Any child who is brought in the center must be signed in by the parent/guardian/authorized person on the SIGN-IN log.

When any authorized person picks up or drops off any child, they must sign the child/children in and out.

Sign-In and Sign-Out Forms are to be used.
Teachers, remember to note the changes in the Bus Log.

HIGHLAND RIM HEAD START
EMERGENCY CARD

NAME: _____ ADDRESS: _____ PHONE: _____
MOTHER: _____ WORK: _____ PHONE: _____
FATHER: _____ WORK: _____ PHONE: _____

Persons, other than parents, to notify in case of an emergency:

NAME	ADDRESS	RELATIONSHIP	PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I authorize my child to be released to the following people (must be over 16 years of age):

NAME	ADDRESS	RELATIONSHIP	PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

DOCTOR: _____ ADDRESS: _____ PHONE: _____
DENTIST: _____ ADDRESS: _____ PHONE: _____
IMMUNIZATIONS/LAST DPT: _____

MEDICAL DATA/SPECIAL NEEDS: _____
ALLERGIES: _____ CURRENT MEDICATIONS: _____
MEDICAID # OR INSURANCE #: _____

PARENT AUTHORIZATION

Check (✓) below for any of the following items for which you give permission. Write "No" for any item for which permission is not given. Assure that each item is clearly explained and understood before giving permission.

- (1) AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: If required, I hereby authorize the Head Start Teacher and/or Staff to get medical treatment for my child, _____, from my child's physician, hospital emergency rooms staff, emergency medical technicians, or the Center's physician, if they are unable to contact me or other legal guardian. My hospital of choice is _____. I understand that, if required, the nearest hospital able to provide the emergency service will be used.

I authorize the emergency doctor (and whoever he/she may designate as his/her assistants) to perform necessary emergency treatment and/or procedures as the deem therapeutically necessary. I understand that Head Start will make every attempt to contact me in case of emergency, and that when reached, my presence with my child is necessary.

- (2) I authorize Head Start Staff and Bus Drivers to administer basic first aid to my child in the classroom or in transit should injury occur.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

SIGNATURE OF WITNESS

DATE