

 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: 8/28/07,9/22/09,10/27/09	Revision Date: 4/12/07, 8/22/07,8/28/09, 9/30/09,10/13/09

COMPONENT: EDUCATION, HEALTH, ADMINISTRATION

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

PERFORMANCE OBJECTIVE: This policy is to establish the standard for transferring responsibility for a child from the Head Start staff to the family and from 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 card. The emergency card must be available and used in all Head Start classes and buses. Please see card on next page. Sign-In and Sign-Out Forms are to be used.

Pursuant with Tennessee Day Care Licensing Regulations, children should only be released to a responsible designated person. Staff members shall verify the identity of the authorized person by requiring presentation of photo identification.

Children shall not be released to anyone whose behavior(s) may, as deemed by a responsible person, place the child at imminent risk; such behaviors include, but are not limited to, aggressiveness, or suspicion that the person is under the influence of drugs or alcoholic beverages. However, if agency staff reasonably believes that refusal to release the child/children could place staff or the other children in imminent risk, the agency staff may release the child/children, but must immediately call 911 or other local emergency services number.

To ensure that all children are accounted for:

The lead teacher or their designee in each classroom will assign the responsibility for securing a sign in/sign out signature.

Any child who is brought into the center must be signed in on the SIGN-IN log.

Any child who is PICKED UP from the center must be signed out on the sign-in/sign-out log by the parent/guardian/authorized person listed on the emergency card and photo identification must be provided until staff is familiar with authorized individuals before the child is released to that person.

EMERGENCY PROCEDURES: Emergency contact will be called to pick up the child. If no emergency contact can be reached, an individual in the order listed on the

emergency card may be contacted to pick up the child/children. If no one can be reached, the correct law enforcement agency will be contacted.

When delivering a child to a different destination due to an emergency, the Bus Driver will check the emergency card and photo identification and have the person sign for the child/children on the Bus Log.

COMPLIANCE: Failure to comply with this policy and the severity of the incident will result in staff being counseled, suspended without pay, or immediately terminated.

**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.			
4.			
5.			

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.			
4.			
5.			

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

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

PARENT AUTHORIZATION

Check (x) 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 they 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

*If more space is needed for contacts, please list on back of card

HIGHLAND RIM HEAD START

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By signing below, I acknowledge that I have read and understand policy E-12 regarding child pick-up and drop-offs. Furthermore, I am aware that violation of this policy could lead to immediate termination of my employment with Highland Rim Head Start.

Employee Signature

Date

Witness Signature

Date