

Staff Initials and Date Reviewed _____

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PACT Release of Children

Date: _____

Date(s) Revised _____

Child _____ Teacher _____

Parents/Guardian: _____ / _____

Parents Phone # (home) _____ (work) _____

PACT must have a written permission in order to release a child to someone other than a Parent or Guardian, including schools. The children are released only to adults (18 years or older) authorized on this form.

WE WILL NOT RELEASE YOUR CHILD TO SOMEONE WE'VE NEVER MET, WITHOUT A PHOTO ID.

***If your child receives pull out services from a therapist or caseworker include their name to allow them to remove your child from the classroom.**

List individuals who will be authorized to pick up or receive your child from PACT bus on a routine basis.

Name	Address	Phone #
Name	Address	Phone #
Name	Address	Phone #

Signature of parents/guardians

Relationship to child

Date

List individuals who will be authorized to pick up or receive your child from PACT bus with parent permission on an individual basis.

Name	Address	Phone #
Name	Address	Phone #

Signature of parents/guardians

Relationship to child

Date

FA – Give original to Teacher, and a copy to SS assign security card
HBTeacher – keep original after Intake Visit.
Teacher or FA is responsible to distribute changes whenever it occurs.
C. C. - Site Supervisor will copy and distribute to child care teacher

Ed HB/CB 5/20

New Additions: (See back)

Distribution	
Copy for:	____ Site Sup
____ Original to Teacher	____ Bus Driver
____ Family Advocate	____ DCFS File

Security Cards (list 2 people who will be assigned to regularly pick up your child)

Name	4 digit PIN
Name	4 digit PIN

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