



George Mason University Child Development Center Family Emergency and Child Release Information

In the event that an emergency regarding my child arises and I cannot be reached, please contact any of the following people, whom I authorize to act on my behalf for my child _____.

*At least 2 individuals who are not parents of the child must be included.

Name	Address	Phone Number	Relationship to Child

I authorize the following people to take my child out of the Center (please inform those persons authorized to pick up your child that the Center personnel will ask for a form of identification to verify their identity).

Name	Address	Phone Number

Parent's Signature Date

Parent's Signature Date