

**OMC CARES PROGRAM**

**PICK-UP RELEASE FORM**

Child's Name \_\_\_\_\_

Parent(s) or Guardians with whom the child resides:

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(Mother's Name) (Street Address) (Phone)

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(Employer) (Address) (Phone/Work)

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(Father's Name) (Street Address) (Phone)

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(Employer) (Address) (Phone/Work)

In addition to the parent, the following people also have my permission to pick up my child from the CARES Program.

(NAME) (ADDRESS) (PHONE)

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The staff at the CARES Program has access to all of the medical forms used by your child while in the school. Please alert the CARES Staff to any additional information you feel is important. The distribution of medicine at the CARES Program follows the same policy as OMC School.

Parent/Guardian Signature \_\_\_\_\_

Signatures of authorized pick-up (noted above)

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Allergies: \_\_\_\_\_