

## MEDICAL AND AUTHORIZATION INFORMATION

Mother's Name Cell # Email:	Name of child:	Birthdate:	
Father's Name Cell # Email: Address City Zip			
Address City Zip	Father's Name	Cell #	Email:
General Information:  Below, please list the names of the persons authorized to pick up your child. Your child will not be released to others without your permission. You may authorize an individual for a particular day by placing their name on the daily sign-in sheet. Please advise designated persons to have proper identification available. If an emergency arises you may call Chapel Hill Church (651) 681-1658 and giv verbal permission to release your child to an individual.  Authorization for release:  Mother Father			
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Signature Date:	Signature	Date:	