



PERMISSION TO RELEASE INFORMATION

I _____ as the legal parent/guardian of
Parent's First and Last Name

my child _____ understand that the time
Child's First and Last Name.

is in **Amazing Kids Learning**, the Director may be asked for information regarding my child. I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

Yes

No

(Signature over Printed Name of Parent/Guardian)

Date

I _____ do not give permission to release
Parent's First and Last Name

information about my child as set forth in the aforementioned statement. I realize that the bureau of Services for Child Care has access to my child's record as the licensing agent.

(Signature over Printed Name of Parent/Guardian)

Date