

Safe and Appropriate Release of Children

Policy: Shasta Head Start is legally responsible to ensure the safety of all enrolled children. This includes receiving authorization from the legal parent or guardian designating in writing who has permission to pick up their child from school or in case of an emergency. HSPS 45 CFR Section 1304.40. & CCL 101221

Procedure: At enrollment an Emergency Permission card will be completed with the names of those individuals authorized to be contacted in case of emergency and/or those authorized to pick up the child. Identification will be verified through driver's license or other form of official identification at initial pick up.

- The original Emergency Permission card will be kept in the back of the Child Sign In/Out binder located in the classroom. A copy will also be kept in the emergency disaster bag. Where applicable, a copy will be kept in socialization and bussing binders. All updates must be requested by the legal guardian and changes must be made immediately where all copies are maintained.
- In cases where the legal parent/guardian wishes to deny access to the non-custodial parent, the appropriate copies of legal documentation (custody decree, restraining order or termination of parental rights) must be submitted and adhered to by Shasta Head Start.
- In cases where potential kidnapping or violence is an issue, photographs of said persons should be provided to assist staff in identifying these individuals.
- If an adult shows up at a site that is not listed on the Emergency Permission card the following guidelines must be followed: CCL 101218.1b6
 - Staff will explain that Shasta Head Start's legal responsibility is to **only** release children to the appropriate and designated individuals on the Emergency Permission card.
 - If the adult refuses to leave, staff will inform them that they are contacting the police.
 - Staff will contact legal parent/guardian, Family Service Manager and Area Manager to inform them of the incident.

EMERGENCY PERMISSION CARD

Child's Name:	Home / Cell Phone:
Parents/Guardian:	Work Phone:
Physical Address:	Update / Other Phone:
Mailing Address (If different from above):	Update / Other Phone:

Transportation: If your child will be transported, what physical address would you use for bus routing purposes?

Drop off Address:

First aid may be given? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Birth:
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Allergies? Yes No What: _____

Medication? Yes No What : _____

EMERGENCY CONTACT / RELEASE CHILD TO: (Must be 18 years of age or older)
 (Changes to the Contact list must be in writing, we cannot accept permission for pick up over the phone)

<i>Name/Address</i>	<i>Phone</i>	<i>Relationship to Child</i>	<i>Parent Initial & Date</i>	<i>Staff Initial</i>
1. _____	_____	_____	____/____	_____
2. _____	_____	_____	____/____	_____
3. _____	_____	_____	____/____	_____
4. _____	_____	_____	____/____	_____
5. _____	_____	_____	____/____	_____
6. _____	_____	_____	____/____	_____
7. _____	_____	_____	____/____	_____

Doctor _____ Phone _____

Dentist _____ Phone _____

In case of emergency, Head Start staff have my permission to take my child to a doctor/dentist or release to emergency personnel for whatever treatment is considered necessary.

Parent/Guardian: _____ **Date** _____

Signature authorizes Shasta Head Start to release child to the above person(s) identified under Emergency Contact/Release child to: