

Permission to Release Information



Date: _____

I understand that the time my child, _____ is in the facility, that 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.

Signature of Parent/Guardian

Date

I do not give permission to release 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 of Parent/Guardian

Date

702.836.0923
www.preschool7hills.com