



**Child and Youth Programs
MCB Butler, Okinawa, Japan
Child Release & Emergency Information**

This Child Release & Emergency Information form must be updated, at minimum, annually or whenever changes occur. It is the responsibility of parents to inform CYP of any changes in the information provided below should they occur before the annual update.

Part 1 General Information

<i>Child's Name (last, first)</i>	<i>Date</i>

	<i>Sponsor's Information</i>	<i>Spouse's Information</i>
Name/Rank		
Unit/Organization		
Duty Phone		
Home Phone		
Cell Phone		
E-mail Address		

Part 2 Emergency Care Authorization

I, _____, parent/legal guardian of _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <i>(Parent's Name)</i> <i>(Child's Name)</i> </div> give consent for a CYP representative or Family Child Care provider to authorize transportation of my child/youth/teen for medical or dental care in an emergency situation where my child's condition presents a serious or imminent threat to his/her life, health, or well-being. I understand that a conscientious effort will be made to notify me prior to such action and the expense, if any, will be borne by me.

Part 3 Child Release Authorization

Please provide a minimum of two contacts (**OTHER THAN YOURSELVES**) that CYP may release your child to in the event of an emergency or you are unable to pick-up your child. This information is to be updated by parents as needed. Draw a line through the individual's name when they are no longer authorized to serve as contacts for child release and/or emergency care for your child.

<i>Name (Last, First)</i>	<i>Authorized For (Please ✓)</i>			<i>Emergency Contact Phone Number</i>	<i>Date Added</i>	<i>Initials</i>
	<i>Pick Up Only</i>	<i>Emergency Care</i>	<i>Both</i>			

Part 4 Acknowledgement & Review

I acknowledge that the information I have provided in this Child Release & Emergency Information form, to the best of my knowledge, is current and accurate.

Parent's Signature

Date