

MARBLEHEAD CHILDREN'S CENTER
 21 Tioga Way
 Marblehead, MA 01945
 781-631-1954

SEASIDE NURSERY SCHOOL
 80 Atlantic Avenue
 Marblehead, MA 01945
 781-639-1415

AUTHORIZATION AND CONSENT FORM

Please complete the information below, and DENOTE NUMERICALLY THE ORDER IN WHICH YOU WOULD LIKE US TO CALL in case of an emergency.

	Home Telephone #:		Parent #1 Cellular #:
	Parent #1 Work #:	Hours at Work:	Parent #2 Cellular #:
	Parent #2 Work #:	Hours at Work:	X E-mail Address:

I hereby authorize MARBLEHEAD CHILDREN'S CENTER or SEASIDE NURSERY SCHOOL to release my child to the individuals (other than parents) listed below. In addition, I have indicated whom you should call in the event of an emergency if a parent cannot be reached.

Name:	Address:	Phone Number:	Relationship:	Emergency: Yes No
Name:	Address:	Phone Number:	Relationship:	Emergency: Yes No
Name:	Address:	Phone Number:	Relationship:	Emergency: Yes No

 Parent's Signature and Date