



Oasis Achievement Academy at Ulysses Byas Elementary Child Release & Emergency Contact Form

Child Emergency Contact & Release Information

Please list all people who you would like to allow to pick your child up from the Oasis program **other than parent or guardian**. Include any friends and/or family (including spouses, siblings, grandparents, etc.) Please note that if a person not listed on this form arrives to pick up your child, we will not be able to release your child to them. The people on this list are the **only** people who will be allowed to pick up your child.

I grant permission for:

Name: _____ **Relationship:** _____

Contact# Day: _____ **Type:** (Home) (Cell)

Alt. Contact#: _____ **Type:** (Home) (Cell)

Name: _____ **Relationship:** _____

Contact# Day: _____ **Type:** (Home) (Cell)

Alt. Contact#: _____ **Type:** (Home) (Cell)

Name: _____ **Relationship:** _____

Contact# Day: _____ **Type:** (Home) (Cell)

Alt. Contact#: _____ **Type:** (Home) (Cell)

Name: _____ **Relationship:** _____

Contact# Day: _____ **Type:** (Home) (Cell)

Alt. Contact#: _____ **Type:** (Home) (Cell)

Name: _____ **Relationship:** _____

Contact# Day: _____ **Type:** (Home) (Cell)

Alt. Contact#: _____ **Type:** (Home) (Cell)

to pick up my child at any point during the day and/or at the end of the program day, from the Oasis Program.

If you would like to permit your child to leave the Oasis program at the end of the day without an adult escort, you will need to sign below. Oasis will not release children without an adult escort from the program until the end of the program day.

Please allow my child _____ to leave Oasis or the Oasis Bus Stop at the end of the day **without** an adult escort.
(Please Print Child's Name)

Parent/Guardian Signature