

Provider's name _____

Child(ren) name _____

Date _____

I give permission for _____ to pick up my child(ren).

Note: Picture identification will be required before the child(ren) will be released.

Parent/Guardian – signature

Provider - signature

Collection and use of personal information

Personal information is collected in accordance with the *Municipal Government Act* and the *Alberta Children and Youth Services Act*. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act* and will be used to ensure the necessary authorizations are obtained prior to releasing a child into the care of someone other than those identified by the parent/guardian on the Child Information - Sheet. If you have any questions about the collection and use of the information, contact the Supervisor of Family Day Homes at 780-464-4044.