



## Consent to Release to Supporting Agencies (Sign-in/out of Care)

Start Date for Release: \_\_\_\_\_

I, \_\_\_\_\_, hereby give consent to the YMCA of Northeastern Ontario to release my child \_\_\_\_\_ in order to participate with the following supporting agencies:

- Inclusion Support Program (ISP)
- One Kids Place (OKP)
- HANDS
- Child & Community Resources (CCR)
- Health Sciences North Child and Family Services
- Child and Family Resource Centre (CFC)
- Other Community Partner (please indicate): \_\_\_\_\_

for the purpose(s) of \_\_\_\_\_.

I understand that in the event my child is required to be removed from the child care classroom for a one-on-one session, my child will be signed out of the care of the YMCA educators, and in the care of the above community partner. Thereafter, the above listed will sign my child back into the care of the YMCA when the session is complete.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

**► COMPLETE AND GIVE COPY TO THE PARENT OR GUARDIAN ◀**