South CARES Release Form for Third Party Professional Services

I			give permissio	n for a representative from	
(Parent Printed Name)					
(Name of Agency)				to provide services to my	
child(Child's Printed Name)			:	Scheduling of appointments will be	
determined by the child care c	enter directo	r and the a	gency's represe	ntative.	
Services for my child may be pr	rovided in a	group sett	ing (classroom) or in a one-on-one setting (if	
space is available.) The nan	ne of the rep	oresentativ	ve who will be	providing services is	
This representative is authorized to work (Name of Representative Providing Services)					
one on one with my child in	a group set	ting (classr	room) or in a p	rivate area or room; however,	
they may not remove the ch	ild from the	premises.			
Services will begin on			_ and continue until		
Parent Signature					
Date					
To Be Completed by the Director and Agency Representative:					
Frequency of expected visits:	Daily	Weekly	Bi-Monthly	Monthly	
Day of the week					
Time of day	Start time _		End	time	
Director Signature					
Agency Representative Signatu	ire				

Assure that the Central Registry Check and Criminal Record Check are on file for review.