



REACH Kzoo

P.O. Box 25
Oshtemo, MI 49077
www.reachkzoo.org

REACH Kzoo Designation of Responsible Adult Form:

I, _____, the parent/guardian of (list each student's name) _____

_____ give my permission for the adult named below to be responsible for my child/children, in my stead while they are at REACH Kzoo.

This designation will be in effect for the following dates: _____

Legal Name of Designated Responsible Adult: _____

Designated Responsible Adult's Complete Address:

Designated Responsible Adult's Phone Number: _____

I acknowledge that I am accepting responsibility to supervise the child(ren) listed above any time the parent is not present at REACH Kzoo.

Signature of Designated Responsible Adult

Date

I acknowledge that REACH Kzoo does not have a daycare service for my child(ren), which is why I am appointing the adult above to be responsible for my child while he/she is at REACH Kzoo.

By signing this form, I designate the adult named above to secure medical treatment for my child in case of an emergency while my child is at REACH Kzoo.
