



# 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.**

Parent/Guardian Best Contact Phone Number: \_\_\_\_\_

Print the Name of Parent/Guardian Signing Form: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_