



Learner emergency release contact information

Learners full name and surname:

Person authorized to collect my child/children from Bright Future	ID / Passport number	Physical address	Work telephone number & extension if applicable	Work address and home address	Cell phone number	Email address

I, _____ hereby acknowledge and grant permission to Bright Future to provide the above information to the Department of Health should there be a suspected COVID 19 case for tracking and record purposes.

Date:	Signature
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